

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-031843

FILED VS SEP 23 1959 2

Registration District No. _____ Primary Registration District No. 3017 Registrar's No. 135

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Cooper				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Cooper			
b. CITY (If outside cooperative limits, give TOWNSHIP only) OR TOWN Boonville		Length of stay in 1b 49 Yrs.		c. CITY OR TOWN Boonville		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION At home, 323 E. High				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 323 E. High St.	
3. NAME OF DECEASED (Type or print) First Coleman Middle Lafayette Last Randolph				4. DATE OF DEATH Month Sept. Day 22 Year 1959			
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH Dec. 21, 1861	9. AGE (last birthday) 97	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HR Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Contractor			10b. KIND OF BUSINESS OR INDUSTRY Home Building		11. BIRTHPLACE (City and state or country) Petersburg, Tenn.		12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME C. L. Randolph			13b. MOTHER'S MAIDEN NAME Layina Moore		14. NAME OF HUSBAND OR WIFE Eva England Randolph.		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No			16. SOCIAL SECURITY NO. -----		17. INFORMANT Mrs. A. J. Schmidt, Boonville, Mo.		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pneumonia - Atelectasis						INTERVAL BETWEEN ONSET AND DEATH 24 hours	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Cardiac Failure, Decomposition						4-5 days	
DUE TO (c) _____							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH, but not related to the terminal disease condition given in PART I (b) Chronic Urinary tract Infection						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)					
20c. TIME OF INJURY Hour _____ Month, Day, Year _____ a.m. _____ p.m. _____			20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE
21. I attended the deceased from JAN. 1957 to 9/23/59 and last saw ^{her} him live on Sept. 23, 1959 Death occurred at 8:30 AM on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) E. T. Humphreys M.D.				22b. ADDRESS Boonville, Mo		22c. DATE SIGNED 9/23/59	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Sept. 25, 1959	23c. NAME OF CEMETERY OR CREMATORY Walnut Grove		23d. LOCATION (City, town, or county) (State) Boonville, Missouri.			
24. FUNERAL DIRECTOR Goodman & Boller, Boonville, Mo.			25. DATE RECD. BY LOCAL REG. 9/24/59		26. REGISTRAR'S SIGNATURE [Signature]		

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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF -

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed William W. Wood

Licensed Embalmer No. 4539

P. O. Address Boonville, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.