

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-000157

LED VS FEB 1 1960 30

Primary Registration District No. 4038 Registrar's No. 4

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <i>Benton</i>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>mo</i> b. COUNTY <i>Benton</i> admission)					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Warsaw</i>		Length of stay in 1b <i>8 weeks</i>		c. CITY OR TOWN <i>Lincoln</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>Warsaw Memorial Nursing Home</i>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <i>_____</i>			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) <i>Edward Sherman Randolph</i>				4. DATE OF DEATH Month <i>Jan</i> Day <i>25</i> Year <i>1960</i>					
5. SEX <i>male</i>	6. COLOR OR RACE <i>white</i>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <i>1/8/1870</i>	9. AGE (last birthday) <i>90</i>	IF UNDER 1 YEAR Months <i>17</i> Days <i>_____</i> Hours <i>_____</i> Min. <i>_____</i>	IF UNDER 24 HR Hours <i>_____</i> Min. <i>_____</i>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Farming</i>			10b. KIND OF BUSINESS OR INDUSTRY <i>Farm</i>		11. BIRTHPLACE (City and state or country) <i>Luscola, Illinois</i>		12. CITIZEN OF WHAT COUNTRY <i>U.S.A.</i>		
13a. FATHER'S NAME <i>John Randolph</i>			13b. MOTHER'S MAIDEN NAME <i>Rhoda Van Tassell</i>			14. NAME OF HUSBAND OR WIFE <i>Deceased</i>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>no</i>			16. SOCIAL SECURITY NO. <i>none</i>		17. INFORMANT <i>Sherman Randolph</i> Address <i>816 Brewster Ind., mo</i>				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:								INTERVAL BETWEEN ONSET AND DEATH	
IMMEDIATE CAUSE (a) <i>Coronary insufficiency</i>				DUE TO (b) <i>Arteriosclerosis, generalized</i>				<i>2 years</i>	
DUE TO (c) _____				_____				<i>? years</i>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>Cerebral infarction; multiple; Fracture femur (neck)</i>						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 type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <i>Spontaneous fracture femoral neck (L)</i>							
20c. TIME OF INJURY Hour <i>8:00</i> a.m. <i>pm</i> Month, Day, Year <i>1-22-60</i>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> <i>while standing by bed.</i>								
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <i>Nursing home</i>		20f. CITY, TOWN, OR LOCATION <i>Warsaw</i>		COUNTY <i>Benton</i>		STATE <i>mo.</i>			
21. I attended the deceased from <i>Sept. 1959</i> to <i>Jan. 25, 1960</i> and last saw him alive on <i>Jan 25, 1960</i> Death occurred at <i>12:15p</i> m on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE (Degree or title) <i>Embrosides, M.D.</i>				22b. ADDRESS <i>Warsaw, Missouri</i>			22c. DATE SIGNED <i>1-26-60</i>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		23b. DATE <i>1/27/60</i>	23c. NAME OF CEMETERY OR CREMATORY <i>rust pleasant</i>		23d. LOCATION (City, town, or county) <i>Benton County mo</i>		23e. STATE <i>mo</i>		
24. FUNERAL DIRECTOR <i>Fred Davis &amp; son</i> ADDRESS <i>Lincoln</i>				25. DATE RECD. BY LOCAL REG. <i>Jan. 27, 1960</i>		26. REGISTRAR'S SIGNATURE <i>Jas. A. Logan</i>			

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 Frank S. Barton

Licensed Embalmer No. 4061  
P. O. Address Versailles,

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply 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.