

URI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-041527

FILED VS DEC 8 1960

104

Primary Registration District No. 4176 Registrar's No. 36

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY DUNKLIN				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO b. COUNTY DUNKLIN				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN MALDEN		Length of stay in 1b 16 Yrs.		c. CITY OR TOWN MALDEN		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION N. EDWARDS			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) N. EDWARDS		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First MANDY Middle LUE Last RANDOLPH				4. DATE OF DEATH Month NOV. Day 23 Year 1960				
5. SEX FEMALE	6. COLOR OR RACE COLORED	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 5-10-92	9. AGE (last birthday) 68	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED HOUSEWIFE			10b. KIND OF BUSINESS OR INDUSTRY HOME		11. BIRTHPLACE (City and state or country) OAKLAND, MISS.		12. CITIZEN OF WHAT COUNTRY U. S. A.	
13a. FATHER'S NAME WILEY DAVIDSON			13b. MOTHER'S MAIDEN NAME ADALINE			14. NAME OF HUSBAND OR WIFE NATHAN RANDOLPH (DEC		
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. NONE		17. INFORMANT Address CARRIE JONES MALDEN, 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) Cerebral Hemorrhage Cerebral Arteriosclerosis Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____						INTERVAL BETWEEN ONSET AND DEATH 3 days 10 years		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)						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 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.)				
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____								
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 4-12-56 to 11-29-60 and last saw ^{her} him live on 11-18-60 . Death occurred at 5:40 P. M. on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE (Degree or title) Dorlene Croan M.D.				22b. ADDRESS 500 N. Douglas Malden, Mo.			22c. DATE SIGNED 11-28-60	
23a. BURIAL, CREATION, REMOVAL (Specify) BURIAL		23b. DATE 11-27-60	23c. NAME OF CEMETERY OR CREMATORY SWEET HOME		23d. LOCATION (City, town, or county) MALDEN, MO.		(State)	
24. FUNERAL DIRECTOR ADDRESS DAY & KNIGHT F. H, MALDEN, MO.				25. DATE RECD. BY LOCAL REG. 11-30-1960		26. REGISTRAR'S SIGNATURE J. D. [Signature]		

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

DEC 9 1930

DEC 1 1931

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 J. J. Phares
Licensed Embalmer No. 408
P. O. Address Amade

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