

FEDERAL BUREAU OF INVESTIGATION
FBI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-044962

VS NOV 30 1960

INDEXED

Registration District No. 374 Primary Registration District No. 4847 Registrar's No. 38

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <u>Worth</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Worth</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Grant City</u>		Length of stay in 1b <u>6 years</u>		c. CITY OR TOWN <u>Sheridan Mo. Near</u>		Inside Limits Yes ☐ No ☐	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Grant City Nursing home</u>		Inside Limits Yes ☒ No ☐		d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes ☐ No ☐	
3. NAME OF DECEASED (Type or print) First Middle Last <u>Ada May Randle</u>				4. DATE OF DEATH Month Day Year <u>Nov. 16 1960</u>			
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐	8. DATE OF BIRTH <u>7-18-1876</u>	9. AGE (last birthday) <u>84</u>	IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Ret. Housekeeper</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Own Home</u>		11. BIRTHPLACE (City and state or country) <u>Sabrook, Illinois</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Edmond Winslow</u>		13b. MOTHER'S MAIDEN NAME <u>Flora Zimmerman</u>		14. NAME OF HUSBAND OR WIFE <u>Arthur Randle</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT Address <u>William E. Randle Sheridan</u>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Arteriosclerotic Cardiovascular Disease</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c) 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. ☐ Yes ☐ No ☐ Unknown						INTERVAL BETWEEN ONSET AND DEATH <u>5yrs</u>	
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒		20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐		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 ☐ NOT WHILE AT WORK ☐		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 _____, to _____ and last saw her/him alive on _____. Death occurred at <u>8:15a</u> _____ m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <u>Frank B. Matteson M.D.</u> (Degree or title)				22b. ADDRESS <u>Grant City, Mo</u>		22c. DATE SIGNED <u>11/18/60</u> (State)	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>11-18-60</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Sheridan</u>		23d. LOCATION (City, town, or county) <u>Sheridan Mo.</u>	
24. FUNERAL DIRECTOR <u>Fruch-Lunfee</u>		ADDRESS <u>Grant City</u>		25. DATE RECD. BY LOCAL REG. <u>November 26, 1960</u>		26. REGISTRAR'S SIGNATURE <u>Leto E. Williams</u>	

(Licensed Embalmer's Statement on Reverse Side)

60-044965

STATE FILE NUMBER

IRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

Registrar's No. 38

Primary Registration District No. 4447

Registration District No. 374

INDEXED

1. PLACE OF DEATH a. COUNTY b. CITY (if outside corporate limits, give TOWNSHIP only)		2. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) a. STATE b. COUNTY	
3. NAME OF DECEASED (Type or print) First Middle Last 155 155 155		4. DATE OF DEATH Month Day Year 12 15 1980	
5. SEX a. COLOR OR RACE b. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		6. DATE OF BIRTH Month Day Year 12 15 1975	
7. MARRIAGE STATUS a. MARRIED b. NEVER MARRIED c. DIVORCED d. WIDOWED		8. AGE (last birthday) Month Day Year 12 15 1980	
9. FATHER'S NAME 10. MOTHER'S MAIDEN NAME		11. BIRTHPLACE (City and state or country) 12. CITIZEN OF WHAT COUNTRY	
13. WAS DECEASED EVER IN U.S. ARMED FORCES (If yes, give war or dates of service) (Yes, no or unknown)		14. SOCIAL SECURITY NO. 15. INFORMANT	
16. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO (b) CONDITION (c) only, which gave rise to which cause (a), (b), or (c). Lying cause last		17. INTERVAL BETWEEN ONSET AND DEATH 18. ARTERIOSCLECTIC CARDIOVASCULAR DISEASE 19. SYRGE	

STATEMENT BY LICENSED EMBALMER

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?
☐ Yes ☐ No ☐ Unknown

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 Bill Dingle Licensed Embalmer No. 4908

P. O. Address Grant City

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.