# MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

-61-029076
STATE FILE NUMBER

AMENDED

Registration District No. 144 Primary Registration District No. 4234 Registrar's No. 86

FILED AUG 28 1961

1. PLACE OF DEATH
a. COUNTY: Iron
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Ironton, Mo
Length of stay in 1b: I9 Days
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: St Marys Hospital
Inside Limits: Yes [X] No [ ]

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo
b. COUNTY: Iron
c. CITY OR TOWN: Graniteville, Mo.
Inside Limits: Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location): General Delivery
Reside on Farm: Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First: Sarah Middle: Last: Randolph
4. DATE OF DEATH: Month 8 Day 22 Year 6I
5. SEX: Female
6. COLOR OR RACE: white
7. Married [ ] Never Married [ ] Widowed [X] Divorced [ ]
8. DATE OF BIRTH: 4/II/77
9. AGE (last birthday): 84
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): House Keeper
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (City and state or country): Iron County
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: Frank Smith
13b. MOTHER'S MAIDEN NAME: Sarah Smith
14. NAME OF HUSBAND OR WIFE: Joseph Randolph
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.: none
17. INFORMANT: Clarence Randolph Address: Ironton, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Pneumonitis — INTERVAL BETWEEN ONSET AND DEATH: 1 week
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): Pyelitis, arteriosclerotic heart condition (decompensated)
PART III. If deceased was female was there a pregnancy in last 90 days. [ ] Yes [X] No [ ] Unknown
19. WAS AUTOPSY PERFORMED? YES [ ] NO [X]
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 8-20-61, to 8-22-61 and last saw her alive on 8-22-61
Death occurred at 3/10 P m on the date stated above, and to the best of my knowledge, from the causes stated.
22a. SIGNATURE: R. E. Harland, M.D. (Degree or title)
22b. ADDRESS: Ironton, Missouri
22c. DATE SIGNED: 8/23/61
23a. BURIAL, CREMATION, REMOVAL (Specify): burial
23b. DATE: 8/24/61
23c. NAME OF CEMETERY OR CREMATORY: Caledonia Cemetery
23d. LOCATION (City, town, or county) (State): Caledonia Mo.
24. FUNERAL DIRECTOR: C.A. Howell ADDRESS: Ironton, Mo.
25. DATE RECD. BY LOCAL REG.: 8/23/61
26. REGISTRAR'S SIGNATURE: Mrs Avis Jones

(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED | INSTEAD OF | DOCUMENT
ITEM NO. | SHOULD READ | BY AFFIDAVIT OF

SEP 7 1967

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

~~or by~~ _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed C. A. Howell

Licensed Embalmer No. 3670

P. O. Address Boulou, Md

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.