SOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

61-047750
STATE FILE NUMBER

AMENDED

Registration District No. 200 Primary Registration District No. 3041 Registrar's No. 306

FILED JAN 16 1962

1. PLACE OF DEATH
a. COUNTY Macon
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Macon
Length of stay in 1b 2 Days.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Samaritan Hosp.
Inside Limits Yes ☑ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY Macon
c. CITY OR TOWN Macon
Inside Limits Yes ☑ No ☐
d. STREET ADDRESS (If outside, give location) 123 Duff St.
Reside on Farm Yes ☐ No ☑

3. NAME OF DECEASED (Type or print) First Asa Middle Benjamin Last Randall
4. DATE OF DEATH Month Dec. Day 28 Year 1961
5. SEX Male
6. COLOR OR RACE White
7. Married ☐ Never Married ☐ Widowed ☑ Divorced ☐
8. DATE OF BIRTH 5/15/1890
9. AGE (last birthday) 71
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) Attendant Hospital
10b. KIND OF BUSINESS OR INDUSTRY —
11. BIRTHPLACE (City and state or country) Winnona, Minn.
12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME Charles Randall
13b. MOTHER'S MAIDEN NAME Mary Randall
14. NAME OF HUSBAND OR WIFE Matilda B. Randall
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) —
16. SOCIAL SECURITY NO.
17. INFORMANT Robert Randall Address Macon, 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) Severe Infection from Bowel, Probable septicemia — INTERVAL BETWEEN ONSET AND DEATH 1 wk
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Carcinoma Sigmoid Colon — ?
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
Supression of Kidney Function
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

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 1955, to 28 Dec 61 and last saw ~~her~~ him alive on 27 Dec 1961
Death occurred at 4:30 A.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE D. E. Eggleston (Degree or title) MD
22b. ADDRESS Macon, Missouri
22c. DATE SIGNED 2 Jan 62

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE Dec. 30, 1961
23c. NAME OF CEMETERY OR CREMATORY Bethleham Cem.
23d. LOCATION (City, town, or county) R.R. 1 Macon, Mo. (State)

24. FUNERAL DIRECTOR Lester Hutton ADDRESS Macon, Mo.
25. DATE RECD. BY LOCAL REG. 1-5-62
26. REGISTRAR'S SIGNATURE Ruth McCreely

(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED

INSTEAD OF

DOCUMENT

ITEM NO. SHOULD READ

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 me,

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Charles L. Hutton

Signature of Student Embalmer

Licensed Embalmer No. 4577

P. O. Address Macon, Mo

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.