

20637

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

2876

 BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY JACKSON	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY*		c. LENGTH OF STAY (in this place) 26 YRS.	
d. FULL NAME OF HOSPITAL OR INSTITUTION RESEARCH HOSPITAL		d. STREET ADDRESS (If rural, give location) 521 GREENFIELD RD. 024894	
3. NAME OF DECEASED (Type or Print) a. (First) CLIFFORD b. (Middle) R. c. (Last) RANDALL		4. DATE OF DEATH (Month) (Day) (Year) 6-22-52	
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER-MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH May 16, 1892
9. AGE (In years last birthday) 60		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) SERVICE MANAGER	11. BIRTHPLACE (City and State or Foreign Country) IOWA
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) SERVICE MANAGER		10b. KIND OF BUSINESS OR INDUSTRY CALCULATING CO.	12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME UNKNOWN		13b. MOTHER'S MAIDEN NAME SCOTT	14. NAME OF HUSBAND OR WIFE KATHRYN LUCILLE RANDALL
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. 486-07-3431	17. INFORMANT'S SIGNATURE OR NAME MRS. KATHRYN L. RANDALL - 521 GREENFIELD RD.
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH: Coronary Heart Failure ANTECEDENT CAUSES: Myocardial sclerosis Morbid conditions, if any, giving rise to the above cause (a) having the underlying cause last. DUE TO (b) DUE TO (c)	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		INTERVAL BETWEEN ONSET AND DEATH 41	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR	
22. I hereby certify that I attended the deceased from <u>Aug.</u> , 19 <u>40</u> , to <u>June 22</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>June 22</u> , 19 <u>52</u> , and that death occurred at _____ m., from the causes and on the date stated above.			
23a. SIGNATURE D. R. Black		23b. ADDRESS 924 Professional Bldg	23c. DATE SIGNED 6/24/52
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 6-25-52	24c. NAME OF CEMETERY OR CREMATORY FOREST HILL	24d. LOCATION (City, town, or county) (State) KANSAS CITY, MO.
DATE RECD BY LOCAL REG. 6-24-52	REGISTRAR'S SIGNATURE Seraldine Holmes	25. FUNERAL DIRECTOR'S SIGNATURE STINE & MC CLURE	
		ADDRESS KANSAS CITY, MO.	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

No. 300
10.48

JUL 5 1952

Dr. R. Black
Prof. Bell
924
Vi 8481

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

Student Embalmer

Signed

J. S. Walton

PIA

Licensed Embalmer, No. *2744*

P. O. Address *13 E 120*

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 this body is not embalmed, fact should be so stated above.