

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

6224

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1602 Registrar's No. 1096

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. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City	
c. LENGTH OF STAY (In this place) About 20yrs.		d. STREET ADDRESS (If rural, give location) 1315 Linwood	
d. FULL NAME OF HOSPITAL OR INSTITUTION General Hosp. #2			

3. NAME OF DECEASED (Type or Print)	a. (First) MELVIN	b. (Middle) B.	c. (Last) RANDALL	4. DATE OF DEATH (Month) (Day) (Year) Feb. 19, 1953
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5. SEX Male	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced	8. DATE OF BIRTH Nov. 19, 1904	9. AGE (In years last birthday) 48	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 1222. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Janitor	10b. KIND OF BUSINESS OR INDUSTRY Haddon Hotel	11. BIRTHPLACE (City and State or Foreign Country) Kansas City, Kansas / Stone	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME John Randall	13b. MOTHER'S MAIDEN NAME Lula B. Chatman	14. NAME OF HUSBAND Edith A. White
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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. 510-07-0476	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Lula B. White-215 Cleveland Terrace Leavenworth, Kansas
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hemorrhage, of left basal ganglia & left lateral ventricle.		INTERVAL BETWEEN ONSET AND DEATH com 34 60 32
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION Autopsy at Haddon Hospital #2	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE (Specify) Accident	21b. PLACE OF INJURY (e.g., in or about residence, in or about vehicle, etc.) 7115y pass	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Clay Co. 600 - Mo
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 2/12/53	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR passenger in car, lost control of car.

22. I hereby certify that I attended the deceased from _____, 19____, that I last saw the deceased alive on _____, _____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE Thos. H. Jones	23b. ADDRESS 1612 E 12th	23c. DATE SIGNED 2/20/53
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 2/21/53	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, & county) (State) Leavenworth, Kansas
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DATE REC'D BY LOCAL REG. 2-21-53	REGISTRAR'S SIGNATURE Sheraldine Smith	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS E. Sterling Bills 1212 Vine
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Verified by marriage certificate

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 _____

working under my personal supervision.

Student Embalmer No. _____

Student
Student Embalmer

Signed

E. Sterling Bell

Licensed Embalmer No. 3178

P. O. Address 1212 Vine, Kansas City, M

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.