

FILED NOV 23 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

36283

4791

BIRTH NO.

REG. DIST. NO. 393

PRIMARY REG. DIST. NO. 1002

Registrar's No.

1. PLACE OF DEATH

a. COUNTY

Clay

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

a. STATE

Missouri

b. COUNTY

Clay

b. CITY (If outside corporate limits, write RURAL and give township)
OR
TOWN Kansas City - Northc. LENGTH OF STAY (In this place)
17 yrsc. CITY OR TOWN
Kansas City - N.d. Is Residence within limits of a city or incorporated town?
Yes No d. FULL NAME OF HOSPITAL OR INSTITUTION
Lickey Rest HomeSTREET ADDRESS
(If rural, give location)

4032 N. Belfountain

3. NAME OF DECEASED

(Type or Print)

a. (First)

Tabitha

b. (Middle)

Elizabeth

c. (Last)

Randolph

4. DATE OF DEATH

(Month) (Day) (Year)

Nov. 5, 1955

5. SEX

Female

6. COLOR OR RACE

White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

July 25, 1884

9. AGE (In years last birthday)

71

IF UNDER 1 YEAR

Months Days

IF UNDER 11 HRS.

Hours Min

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10b. KIND OF BUSINESS OR INDUSTRY

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11. BIRTHPLACE (City and State or Foreign Country)

Bates City, Missouri

12. CITIZEN OF WHAT COUNTRY?

U. S.

13a. FATHER'S NAME

John Bledsoe

13b. MOTHER'S MAIDEN NAME

Susan Kelley

14. NAME OF HUSBAND OR WIFE

John Randolph

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.

None

17. INFORMANT'S SIGNATURE OR NAME

Katherine Glover 4032 N. Belfountain

ADDRESS

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)

ANTECEDENT CAUSES

Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

MEDICAL CERTIFICATION

Cancer of Liver and Colon

She was operated on at the hospital DUE TO (b) *thrombosis*. Aug. 54 which *compromised* *diagnosis*

INTERVAL BETWEEN ONSET AND DEATH

153x

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES NO

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 NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *Jan.*, 1953, to *Nov 5*, 1955, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE E. H. Kelly

(Degree or title)

23b. ADDRESS

23c. DATE SIGNED

24a. BURIAL, CREMATION, REMOVAL (Specify)

24b. DATE

24c. NAME OF CEMETERY OR CREMATORY

24d. LOCATION (City, town, or county)

(State)

DATE REC'D BY LOCAL REG.

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR'S SIGNATURE

ADDRESS

11-7-55

neva minshall

Earp & Sons 4139 Truman Rd. K.C. Mo

(Licensed Embalmer's Statement on Reverse Side)

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

SEP 12 1956

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

John B. Corp

Licensed Embalmer No. 29

P. O. Address N. C.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.