

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **23920**

FILED JUL 25 1956

BIRTH NO.		REG. DIST. NO. <b>149</b>	PRIMARY REG. DIST. NO. <b>1002</b>	Registrar's No. <b>2770</b>
1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kansas City</b>		c. CITY OR TOWN <b>Kansas City</b>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. LENGTH OF STAY (in this place) <b>56 Years</b>		e. STREET ADDRESS (If rural, give location) <b>3746 Harrison</b>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>3746 Harrison</b>		3. NAME OF DECEASED (Type or Print) a. (First) <b>Elizabeth</b> b. (Middle) <b>B.</b> c. (Last) <b>Randolph</b>		
4. DATE OF DEATH (Month) (Day) (Year) <b>June 24, 1956</b>		5. SEX <b>Female</b> 6. COLOR OR RACE <b>White</b> 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>		
8. DATE OF BIRTH <b>May 12, 1873</b>		9. AGE (In years last birthday) <b>83</b> IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>At Home</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <b>Lawrence, Kansas</b>
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		13a. FATHER'S NAME <b>James Blair Hazlett</b> 13b. MOTHER'S MAIDEN NAME <b>Unknown</b> 14. NAME OF HUSBAND <del>XXXXXX</del> <b>Samuel L. Randolph, Deceased</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>none</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Herbert Tuthill, 1211 Rialto Bldg., K.C. Mo.</b>
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Myocardial Degeneration arterial Hypertension</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <b>Stemii plegia - right</b> DUE TO (b) DUE TO (c) <b>Resultus ulcers</b>		INTERVAL BETWEEN ONSET AND DEATH <b>3 years</b> <b>14 years</b> <b>1950</b> <b>4 months</b> <b>4/11/56</b>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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) m.		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 <b>1930</b> , to <b>June 24, 1956</b> that I last saw the deceased alive on <b>June 21, 1956</b> and that death occurred at <b>5:30 P.M.</b> , from the causes and on the date stated above.				
23a. SIGNATURE <b>Herbert Tuthill</b> (Degree or title) <b>MD</b>		23b. ADDRESS <b>1211 Rialto Bldg</b>		23c. DATE SIGNED <b>June 25 1956</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>June 27, 1956</b>		24c. NAME OF CEMETERY <b>Mount Moriah Cemetery</b> 24d. LOCATION (City, town, or county) <b>Kansas City, Missouri</b>
DATE REC'D BY LOCAL REG. <b>6-25-56</b>		REGISTRAR'S SIGNATURE <b>neva m... Marshall</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>STINE &amp; McCLURE UNDERTAKING CO.</b>

(Licensed Embalmer's Statement on Reverse Side) 3235 Gillham Plaza, K.C. 9, Mo.

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

1  
2  
3  
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5

1-2-2  
5832  
3:15

**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 *E. D. Zippert*

Licensed Embalmer No. *4817*

P. O. Address *Kansas City, 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.