

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **40480**

FILED DEC 18 1956

BIRTH NO. _____ REG. DIST. NO. 10 PRIMARY REG. DIST. NO. 3002 Registrar's No. 251

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

1. PLACE OF DEATH a. COUNTY <u>ANDRAIN</u> b. CITY (If outside corporate limits, write RURAL and give town or township) <u>MEXICO</u> c. LENGTH OF STAY (in this place) <u>8 Mo.</u> d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>PHILLIPS REST HOME</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <u>MISSOURI</u> COUNTY <u>MONROE</u> c. CITY OR TOWN <u>PARIS</u> d. Is Residence within limits of a city or incorporated town? Yes <u>X</u> No <u> </u> e. STREET ADDRESS (If rural, give location) <u>W. MARION ST</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>NITA</u> b. (Middle) <u>L.</u> c. (Last) <u>RANDOLPH</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>DEC 9 1956</u>	
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>NOV. 9, 1874</u>
9. AGE (In years last birthday) <u>82</u> IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 24 HRS.: Hours _____ Min. _____		11. BIRTHPLACE (City and State or Foreign Country) <u>MONROE Co., Mo.</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>SALESWOMAN</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>RETAIL DRY GOODS</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>		13a. FATHER'S NAME <u>JOHN LASLEY</u>	
13b. MOTHER'S MAIDEN NAME <u>JANE ZIGLAR</u>		14. NAME OF HUSBAND OR WIFE <u>EDWARD RANDOLPH</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>YES</u>	
17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>STANLEY CROW, LAKEVIEW, MO.</u>			
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* (a) <u>Cerebral Vascular accident</u> ANTECEDENT CAUSES <u>Cerebral Arteriosclerosis</u> 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 <u>Myocardial Decomposition</u> Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION <u>none</u>		19b. MAJOR FINDINGS OF OPERATION <u>331X</u>	
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) _____ 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____	
22. I hereby certify that I attended the deceased from <u>Jan 175, 1956</u>, to <u>Dec 1, 1956</u>, that I last saw the deceased alive on <u>Dec 1, 1956</u>, and that death occurred at <u>6:30 p. m.</u>, from the causes and on the date stated above.			
22a. SIGNATURE (Degree or title) <u>Leonard Davis M.D.</u>		23b. ADDRESS <u>209 E Jackson Mexico Mo</u>	
23c. DATE SIGNED <u>12-9-56</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	
24b. DATE <u>DEC. 11, 1956</u>		24c. NAME OF CEMETERY OR CREMATOR <u>WALNUT GROVE</u>	
24d. LOCATION (City, town, or county) (State) <u>PARIS, MO.</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Speed Blakey, PARIS, MO.</u>	
DATE REC'D BY LOCAL REG. <u>Dec. 9-1956</u>		REGISTRAR'S SIGNATURE <u>Blanche Neely</u>	

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. H. Agnew*.....

Licensed Embalmer No. *400*.....

P. O. Address *Paris, Md.*.....

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.