

FILED APR 14 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 8642

Registrar's No. 1314

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. <u>1314</u>	
1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Cedarson</u>			
b. CITY (If outside corporate limits, write RURAL and give town or township) <u>Kansas City</u>		c. LENGTH OF STAY (in this place) <u>8 mo.</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>El Dorado Springs</u>		OR TOWN <u>0201</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>3232 Woodland</u>				d. STREET ADDRESS (If rural, give location) <u>317 Forest Ave.</u>			
3. NAME OF DECEASED (Type or Print) <u>RANDA S. McCANTS</u>			a. (First) <u>RANDA</u> b. (Middle) <u>S.</u> c. (Last) <u>McCANTS</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Mar 26 1951</u>	
5. SEX <u>fe</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>wid</u>		8. DATE OF BIRTH <u>Nov 14 1856</u>	
9. AGE (In years last birthday) <u>94</u>		IF UNDER 1 YEAR Months <u>0</u> Days <u>0</u>		IF UNDER 10 MIN. Hours <u>0</u> Min. <u>0</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>at home</u>			11. BIRTHPLACE (State or foreign country) <u>9</u>	
13a. FATHER'S NAME <u>Robert Clary</u>			13b. MOTHER'S MAIDEN NAME <u>unknown</u>			14. NAME OF HUSBAND OR WIFE <u>Abe McCants</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>-</u> (If yes, give war or dates of service) <u>-</u>			16. SOCIAL SECURITY NO. <u>-</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Henrietta Duncan 3232 Woodland</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>Broncho pneumonia.</u>						INTERVAL BETWEEN ONSET AND DEATH <u>2 days.</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cardiac failure</u> <u>hypertensive heart disease</u> DUE TO (c) <u>extreme age.</u>						? ?	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						443X	
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)		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>Mar 21</u> , 19 <u>51</u> , to <u>Mar 25</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>Mar 25</u> , 19 <u>51</u> , and that death occurred at <u>2a.</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>By Paul Wright</u> (Degree or title) <u>0</u>				23b. ADDRESS <u>Kansas City Mo</u>		23c. DATE SIGNED <u>Mar 24 51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>3-26-1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>City Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>El Dorado Springs, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>3-26-51</u>		REGISTRAR'S SIGNATURE <u>Sheraldine Holmes</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Gwinn Carothers El Dorado Springs, Mo</u>			

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

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.

Signed.....
Student Embalmer

Signed James E. Hackleman
Licensed Embalmer No. 4073

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