FILED FEB 5 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

44770
STATE FILE NUMBER

Registration District No. 277 Primary Registration District No. 5949 Registrar's No. 4

1. PLACE OF DEATH
a. COUNTY: Pike - Cuivre Twp
b. CITY OR TOWN: Bowling Green (Inside Limits: Yes ☐ No ☒)
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Home (Length of stay in 1b:)

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo
b. COUNTY: Pike
c. CITY OR TOWN: Bowling Green (Inside Limits: Yes ☐ No ☒)
d. STREET ADDRESS (If outside, give location): 2 Mi. N.E. (Reside on Farm: Yes ☒ No ☐)

3. NAME OF DECEASED (Type or print): First: Bertha Middle: Amelia Last: Randolph

4. DATE OF DEATH: Month: Dec Day: 29 Year: 1956

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: May 2nd 1874
9. AGE (In years last birthday): 82 IF UNDER 1 YEAR: Months 7 Days 27 IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housekeeper
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (City and state or country): Pike Co Mo
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Harrison Randolph
14. MOTHER'S MAIDEN NAME: Elizabeth Kelsey

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: Miss Bess Hedges Address: Bowling Green Mo

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Cerebral Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 3 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b):
DUE TO (c):
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a): 332x

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒ 2

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from Dec. 26-1956, to Dec. 29-1956 and last saw her alive on Dec. 29-1956
Death occurred at 12:00 A. m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: J. B. Briggs M.D. (Degree or title)
22b. ADDRESS: Bowling Green, Mo.
22c. DATE SIGNED: Dec. 30-1956

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: Dec 31 1956
23c. NAME OF CEMETERY OR CREMATORY: Bowling Green
23d. LOCATION (City, town, or county): Bowling Green (State): Mo

24. FUNERAL DIRECTOR: Grace Bankhead ADDRESS: Bowling Green Mo.
25. DATE RECD. BY LOCAL REG.: 1-28-57
26. REGISTRAR'S SIGNATURE: Bell Robinson

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be tabulated. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Harold Kirks

Licensed Embalmer No. 45

P. O. Address Bowling Mo.

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