No. 300
10-48

XC-2 847 811
CF: Kansas City, Mo.
FILED MAR 12 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 58-008418

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 602

1. PLACE OF DEATH
a. COUNTY: ST. LOUIS
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): JEFFERSON BARRACKS, MO.
c. LENGTH OF STAY (in this place): 1190 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): VETERANS ADMINISTRATION HOSP.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: JACKSON
c. CITY OR TOWN: KANSAS CITY
d. Is Residence within limits of a city or incorporated town? Yes [X] No [ ]
e. STREET ADDRESS (If rural, give location): 1800 GRAND

3318

3. NAME OF DECEASED (Type or Print)
a. (First): ROBERT
b. (Middle): M.
c. (Last): RANDOLPH

4. DATE OF DEATH (Month) (Day) (Year): FEB. 25, 1958

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): WIDOWED
8. DATE OF BIRTH: NOVEMBER 28, 1886
9. AGE (In years last birthday): 71 — 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): LABORER
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and State or Foreign Country): MARSHALL, MISSOURI
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: JAMES RANDOLPH
13b. MOTHER'S MAIDEN NAME: LUDIE MILLER
14. NAME OF HUSBAND OR WIFE: ------

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): YES — (If yes, give war or dates of service): WW-I
16. SOCIAL SECURITY NO.: 49312 4347
17. INFORMANT'S SIGNATURE OR NAME — ADDRESS: VA HOSP. RECORDS, JEFF. BRKS. MO.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): ARTERIOSCLEROTIC HEART DISEASE — INTERVAL BETWEEN ONSET AND DEATH: Undet.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

4200A

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
1. Emphysema — Undet.
2. Tuberculosis, Pul. Mod. Adv. inactive — 3½ yrs.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES [X] 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) m.:
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I* VA *attended the deceased from* 11-23-54, 19__, *to* 2-25-58, 19__, ~~[illegible]~~ ~~[illegible]~~, *and that death occurred at* 10:25p *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Robert C. Hoppe, M.D.
23b. ADDRESS: VA Hospital, Jefferson-Barracks, Mo
23c. DATE SIGNED: 2/26/58

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 2/27/58
24c. NAME OF CEMETERY OR CREMATORY: Memorial Cemetery
24d. LOCATION (City, town, or county) (State): Kansas City, Kansas

DATE REC'D BY LOCAL REG.: 2-26-58
REGISTRAR'S SIGNATURE: Herbert R. Domke M.D.
25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS: Edward Fendler Mortuary, 5611 So. Grand, St. Louis, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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 embal

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Hadley F. Koehler Jr

Licensed Embalmer No. 495

P. O. Address St Paris

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