

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-021831

STATE FILE NUMBER

FILED JUN 23 1959 Registration District No. 146 Primary Registration District No. 3026 Registrar's No. 270

100
-57

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR Independence		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Independence Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Indep. Hosp.		Length of stay in lb 56 yrs.	d. STREET ADDRESS (If outside, give location) 1621 W. Alton Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) MRS. KITTIE CLARA NELLIE RANDALL			4. DATE OF DEATH Month June Day 12 Year 1959		
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Aug. 27, 1883	9. AGE (In years last birthday) 75	FUNDER 1 YEAR Months 0 Days 0 Hours 0 Min. 0	IF UNDER 24 HRS. Hours 0 Min. 0
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Springfield, Mo.	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Wm. F. R. Brock		13b. MOTHER'S MAIDEN NAME Lucinda Collins		14. NAME OF HUSBAND OR WIFE Wm. A. Randall	
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. 496-None-4055	17. INFORMANT Address Mr. Wm. A. Randall, Indep., Mo.			
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute myocardial infarction		INTERVAL BETWEEN ONSET AND DEATH 5 day
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Coronary thrombosis		
DUE TO (c)		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 4201		19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
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20c. TIME OF INJURY Hour 8:04 Month 6 Day 12 Year 1959 a.m. <input type="checkbox"/> p.m. <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION Indep., Mo.	COUNTY	STATE
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20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION Indep., Mo.	COUNTY	STATE
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21. I attended the deceased from 6-7-59 to 6-12-59 and last saw her alive on 6-12-59 Death occurred at 8:04 p. m on the date stated above; and to the best of my knowledge, from the causes stated.	
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22a. SIGNATURE Herbert A Mangels, M.D. (Degree or title)	22b. ADDRESS Independence, Mo	22c. DATE SIGNED 6-12-59
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE June 15, 1959	23c. NAME OF CEMETERY OR CREMATORY Woodlawn	23d. LOCATION (City, town, or county) Indep., Mo.	(State)
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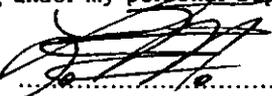
24. FUNERAL DIRECTOR OTT & MITCHELL, Indep., Mo.	25. DATE RECD. BY LOCAL REG. 6-15-59	26. REGISTRAR'S SIGNATURE <i>[Signature]</i>
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 
Licensed Embalmer No. 3156
P. O. Address Independence 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.**