

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-029992
State File No.

FILED AUG 19 1958

BIRTH NO. _____ REG. DIST. NO. 47748 PRIMARY REG. DIST. NO. 6024 Registrar's No. 83

1. PLACE OF DEATH a. COUNTY <u>Ray</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Ray</u>	
b. CITY OR TOWN <u>Lawson</u>		c. CITY OR TOWN <u>Lawson</u>	
c. LENGTH OF STAY (in this place) <u>1 yr.</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>WALTER</u>	b. (Middle) <u>WILSON</u>	c. (Last) <u>RICHARDSON</u>	4. DATE OF DEATH (Month) (Day) (Year)
				<u>August 6 1958</u>

5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Feb. 18, 1889</u>	9. AGE (In years last birthday) <u>69</u>	IF UNDER 1 YEAR Months <u>8</u> Days <u>18</u>	IF UNDER 2 HRS. Hours <u></u> Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Railroad Foreman</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Milwaukee P.R.</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Jackson, Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>John Richardson</u>	13b. MOTHER'S MAIDEN NAME <u>Martha Liberty</u>	14. NAME OF HUSBAND OR WIFE <u>Mrs. Nancy Richardson Lawson</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. <u>907-10-8674</u>	17. INFORMANT'S SIGNATURE OR NAME <u>William Richardson</u>	ADDRESS <u>North R.C. Mo</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>36 hrs</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Terminal pneumonia</u>		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Bronchogenic Carcinoma</u> DUE TO (c) _____		<u>1 year</u>
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? <u>2</u> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
		<u>1621</u>

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? _____
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22. I hereby certify that I attended the deceased from Jan, 1958, to Aug 6, 1958, that I last saw the deceased alive on Aug 5, 1958, and that death occurred at 8 P m., from the causes and on the date stated above.

23a. SIGNATURE <u>Ralph L. Nicholas, M.D.</u>	(Degree or title) _____	23b. ADDRESS <u>Excelsior Springs Mo</u>	23c. DATE SIGNED <u>8/9/58</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>August 9, 58</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Crown Hill</u>	24d. LOCATION (City, town, or county) (State) <u>Excelsior Springs Mo</u>
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DATE REC'D BY LOCAL REG. <u>8-15-1958</u>	REGISTRAR'S SIGNATURE <u>Mabel Jackson</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Jarman</u>	ADDRESS <u>Funeral Home Lawson Mo</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

SEP 18 1961

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 *Lindsey Jarmann*.....

Licensed Embalmer No. *4589*.....
P. O. Address *Excelsior Springs, 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.