

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

28684

State File No. _____

National Office of Vital Statistics

FILED SEP-8 1948

Registration District No. 580

Primary Registration District No. 6224

Registrar's No. 141

1. PLACE OF DEATH:

(a) County Jensen
 (b) City or town Center Twp. - rural
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: 19
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether _____)
 In this community some time
 years, months or (days)

3. (a) PRINT FULL NAME

Cassandra Richardson
 3. (b) If veteran, no name war. _____ 3. (c) Social Security No. no

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced, widowed
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased Jan. 8, 1865
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
83 7 11 hr. _____ min.

9. Birthplace Quincy, Ill.
 (City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business _____

12. Name Steven Lovell

13. Birthplace unknown
 (City, town, or county) (State or foreign country)

14. Maiden name unknown

15. Birthplace unknown
 (City, town, or county) (State or foreign country)

16. (a) Informant Anno Richardson

(b) Address R. F. 3, Nevada, Mo.

17. (a) Burial (b) Date thereof Aug 26-48
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Newton Bethel Park

18. (a) Signature of funeral director Mark Eichinger

(b) Address Nevada, Mo.

19. (a) 8-31-48 (b) Kathryn Yancy
 (Date received local registrar) (Registrar's signature)

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Jensen
 (c) City or town 728 G. Hickory
 (If outside city or town limits, write "RURAL")
 (d) Street No. Nevada, Mo.
 (If rural, give location)
 (e) Citizen of foreign country? no (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 19th year 48 hour 60 minute 15 M.

21. I hereby certify that I attended the deceased from 17 Aug 48 to 19 Aug 48 that I last saw him or alive on 18 Aug 48 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary infarction Duration 18 hrs

Due to Chronic Cardiovascular Renal Disease 15 yrs

Due to _____

Other conditions _____
 (Include pregnancy within 3 months of death)

Major findings: _____
 Of operations: 13 1/2

Of autopsy: _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
 (b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place? _____ (Specify type of place)

While at work? _____ (Specify type of work)
 (e) Means of injury _____

23. Signature Robert Gray (M.D. or other) MD
 Address Nevada, Mo. Date signed 8-24-48

PHYSICIAN

Underline the cause of which death should be charged statistically.

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

RECEIVED

District Health Officer No. 7;

District File Number 8-48-1018

Date Filed 9-07-48

JAN
6
1956

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.....
..... Registered Apprentice No.....
working under my personal supervision.

Signed

Mark E. Eicher

Licensed Embalmer No. 2656

P. O. Address Nevada, 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.