

FILED MAR 29 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **9696**

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 3059 Registrar's No. 97

1. PLACE OF DEATH a. COUNTY <u>St. Francois</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Madison</u>	
b. CITY OR TOWN <u>Bonne Terre</u> c. LENGTH OF STAY (In this place) <u>11 da.</u>		c. CITY OR TOWN <u>Granite City</u> <u>999</u> <u>11</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Bonne Terre Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>2230 Benton</u> <u>2</u>	

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last) GRACE EFFIE RICHESON

4. DATE OF DEATH (Month) (Day) (Year) March 18 1949

5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>March 18, 1876</u>	9. AGE (In years last birthday) <u>73</u>	IF UNDER 1 YEAR Months <u>0</u> Days <u>0</u>	IF UNDER 4 HRS. Hours <u>0</u> Min. <u>0</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Newspaper</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>✓</u>	11. BIRTHPLACE (State or foreign country) <u>Washington, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	

13a. FATHER'S NAME Francis M. Richeson 13b. MOTHER'S MAIDEN NAME Unknown Berry 14. NAME OF HUSBAND OR WIFE Clara Richeson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No none

16. SOCIAL SECURITY NO. None

17. INFORMANT'S SIGNATURE OR NAME Mrs. James Henry R. 2 Bonne Terre Mo ADDRESS None

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis INTERVAL BETWEEN ONSET AND DEATH 1 hour

ANTECEDENT CAUSES DUE TO (b) Carcinoma of Transverse Colon 1.53X

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION March 8, 1949 19b. MAJOR FINDINGS OF OPERATION Generalized Carcinoma Colon Transverse + Sigmoid 20. AUTOPSY? YES NO

21a. ACCIDENT SUICIDE HOMICIDE ✓ (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Bonne Terre

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St. Francois Mo

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 attended the deceased from March 3, 1949, to March 18, 1949, that I last saw the deceased alive on March 18, 1949, and that death occurred at 10 A. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Charles E. Jetter B.S., M.D. 23b. ADDRESS 11 Allen St Bonne Terre Mo 23c. DATE SIGNED 3/18/49

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal 24b. DATE March 18, 1949 24c. NAME OF CEMETERY OR CREMATORY Granite City 24d. LOCATION (City, town, or county) (State) Ill.

DATE REC'D BY LOCAL REG. Mar. 21, 1949 REGISTRAR'S SIGNATURE Esther Rudolph 25. FUNERAL DIRECTOR'S SIGNATURE Benham ADDRESS 2230 Benton Bonne Terre Mo

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

94

RECEIVED

Health Officer No. 4

File Number 349-413

Date Filed 3-28-49

MAR 31 1949

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

Student Embalmer

Signed

Glenn J. Graywell

Licensed Embalmer No.

3706

P. O. Address

Donnell Ave. M

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.