

FILED JUN 20 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 22326 Registrar's No. 15

BIRTH NO. _____ REG. DIST. NO. 353 PRIMARY REG. DIST. NO. 6196

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

1. PLACE OF DEATH a. COUNTY <u>Texas</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Texas</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Licking</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Licking</u>	
c. LENGTH OF STAY (In this place) _____		d. STREET ADDRESS (If rural, give location) _____	
d. FULL NAME OF HOSPITAL OR INSTITUTION _____			

3. NAME OF DECEASED (Type or Print) a. (First) <u>George</u> b. (Middle) <u>Anna</u> c. (Last) <u>Richardson</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>6-5-49</u>		
5. SEX <u>Female</u>	6. COLOR OF RACE <u>White</u>	7. MARRIED NEVER MARRIED, WIDOWED, DIVORCED (Specify) _____	8. DATE OF BIRTH <u>July 30 1868</u>	9. AGE (In years last birthday) <u>80</u>	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House work</u>		10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (State or foreign country) <u>Licking Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
13a. FATHER'S NAME <u>George Richardson</u>		13b. MOTHER'S MAIDEN NAME <u>Vina Reid</u>		14. NAME OF HUSBAND OR WIFE _____	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <u>Lenna Lanier</u> ADDRESS <u>Licking</u>	
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>4 20</u>
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ 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 <u>None</u>	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE <u>None</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____
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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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 3:15 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Lulu Randall</u> (Degree or title) _____	23b. ADDRESS <u>Licking Mo</u>	23c. DATE SIGNED <u>June 9-49</u>
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24a. BURIAL, CREMATION-REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>6-9-49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Licking Cem</u>	24d. LOCATION (City, town, or county) (State) <u>Licking Mo</u>
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DATE REC'D BY LOCAL REG. <u>June 10, 1949</u>	REGISTRAR'S SIGNATURE <u>Mrs. E. Lynn Nesbitt</u>	3225 FUNERAL DIRECTOR'S SIGNATURE <u>Smith & Ferguson</u> ADDRESS <u>Licking Mo</u>
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(To be filled in by the Embalmer's Statement on Reverse Side)

RECEIVED 6/15/49

District Health Officer No. 5,

District File Number...649450.....

Date Filed 6/16/49

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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.

Signed Embert E. Ferguson

Licensed Embalmer No. 3945

Signed.....
Student Embalmer

P. O. Address Leeting 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.