

32650

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

No. 300  
10. 48

FILED OCT 3 1949

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 322 PRIMARY REG. DIST. NO. 3071 Registrar's No. 49

|  |   |   |   |
|--|---|---|---|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Saline</u>   |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>a. STATE <u>Mo</u> b. COUNTY <u>Saline</u>   |   |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Slater</u>   |   | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Slater</u>  |   |
| c. LENGTH OF STAY (in this place) <u>3 years</u>   |   | d. STREET ADDRESS (If rural, give location) <u>405 E Washington St</u>  |   |
| d. FULL NAME OF HOSPITAL OR INSTITUTION  |   | d. STREET ADDRESS   |   |
| 3. NAME OF DECEASED (First) <u>Lucien Clarence</u> (Middle) <u>Richardson</u> (Last) _____   |   |   | 4. DATE OF DEATH (Month) <u>Sept</u> (Day) <u>11</u> (Year) <u>1949</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>January 26, 1886</u>                                |
| 9. AGE (in years last birthday) <u>63-7-11</u>   | 10a. USUAL OCCUPATION (Give kind of work except during most of working life, even if retired) <u>Retired Farmer</u> |   | 10b. KIND OF BUSINESS OR INDUSTRY <u>farming</u>                        |
| 11. BIRTHPLACE (State or foreign country) <u>near Morgantown, West Virginia</u>  |   | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u>   |   |
| 13a. FATHER'S NAME <u>Frank B. Richardson</u>  |   | 13b. MOTHER'S MAIDEN NAME <u>Mary Elizabeth Holland - Nellie Richardson</u>   |   |
| 14. NAME OF HUSBAND OR WIFE _____  |   | 14. NAME OF HUSBAND OR WIFE _____   |   |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>  |   | 16. SOCIAL SECURITY NO. <u>2</u>  |   |
| 17. INFORMANT'S SIGNATURE OR NAME <u>Clas Richardson, Slater, Mo</u>   |   | 17. INFORMANT'S SIGNATURE OR NAME <u>Clas Richardson, Slater, Mo</u>  |   |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.  |   | MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic interstitial nephritis</u><br>ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause, (a) stating the underlying cause last.<br>DUE TO (b) <u>Pulmonary Edema</u><br>DUE TO (c) <u>arteriosclerosis</u><br>II. OTHER SIGNIFICANT CONDITIONS<br>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 <u>None</u>  |   |
| 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>   |   | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>  |   |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>None</u>   |   | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>None</u>  |   |
| 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>None none none</u>  |   | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>None none none</u>   |   |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>None</u>  |   | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>  |   |
| 21f. HOW DID INJURY OCCUR? <u>None</u>   |   | 21f. HOW DID INJURY OCCUR? <u>None</u>  |   |
| 22. I hereby certify that I attended the deceased from <u>3-2</u> , 19 <u>49</u> , to <u>9-11</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>9-11</u> , 19 <u>49</u> , and that death occurred at <u>11:30 P.M.</u> , from the causes and on the date stated above. |   |   |   |
| 23a. SIGNATURE (Degree or title) <u>Dr. E. W. Wood</u>   |   | 23b. ADDRESS <u>506 N. Main St. Slater</u>  |   |
| 23c. DATE SIGNED <u>9/12/49</u>  |   | 23c. DATE SIGNED <u>9/12/49</u>   |   |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>  |   | 24b. DATE <u>Sept 14-49</u>   |   |
| 24c. NAME OF CEMETERY OR CREMATORY <u>Carrsville Cemetery</u>  |   | 24d. LOCATION (City, town, or county) (State) <u>Courth, Henry Co. Mo</u>   |   |
| DATE REC'D BY LOCAL REG. <u>9-13-49</u>  |   | REGISTRAR'S SIGNATURE <u>Mr. Earl C. Metz</u>   |   |
| FUNERAL DIRECTOR'S SIGNATURE <u>Jones &amp; Sulzer</u>   |   | ADDRESS <u>Slater, Mo</u>   |   |

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED SEP 19

District Health Officer No. 8,

District File Number.....

Date Filed 9-30-49

**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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. \_\_\_\_\_

Signed.....  
Student Embalmer

Signed

Licensed Embalmer No. 3143

P. O. Address Statesboro

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.