No. 300
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED NOV 22 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 39982

BIRTH NO. _____ REG. DIST. NO. 360 PRIMARY REG. DIST. NO. 3076 Registrar's No. 1825

1. PLACE OF DEATH
a. COUNTY: VERNON
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): NEVADA
c. LENGTH OF STAY (In this place): 28 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): NEVADA CITY HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: VERNON
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): NEVADA
d. STREET ADDRESS (If rural, give location): 125 West Austin

3. NAME OF DECEASED (Type or Print)
a. (First): Fleetwood
b. (Middle): Armer
c. (Last): Richardson

4. DATE OF DEATH: (Month) 11 (Day) 4 (Year) 1949

5. SEX: Male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 9-13-1893
9. AGE (In years last birthday): 56
If under 1 year: Months 1 Days 22
If under 24 hrs.: Hours ___ Min. ___

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Automobile Dealer
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Denver, Colorado
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Edward Richardson
13b. MOTHER'S MAIDEN NAME: Tishia McCoy
14. NAME OF HUSBAND OR WIFE: Sally Adine Richardson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): 1917 - 1919
16. SOCIAL SECURITY NO.: 491-05-8071
17. INFORMANT'S SIGNATURE OR NAME: Sally Adine Richardson (wife)
ADDRESS: Nevada, Mo.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Aortic stenosis & decompensation — INTERVAL BETWEEN ONSET AND DEATH: years

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Rheumatic fever
DUE TO (c) —

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

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19a. DATE OF OPERATION: none
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): none
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
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* 10-10, 1944, *to* 11-4, 1944 *that I last saw the deceased alive on* 11-4, 1944 *and that death occurred at* 5 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Charles Orr, MD
23b. ADDRESS: Nevada, Mo.
23c. DATE SIGNED: 11-5-44

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 11-7-1949
24c. NAME OF CEMETERY OR CREMATORY: Newton Burial Park
24d. LOCATION (City, town, or county) (State): Nevada, Missouri

DATE REC'D BY LOCAL REG.: Nov. 14, 1949
REGISTRAR'S SIGNATURE: Kathryn H. Yancey 331
25. FUNERAL DIRECTOR'S SIGNATURE: Allen E. Hays
ADDRESS: Nevada, Mo.

(Licensed Embalmer's Statement on Reverse Side)

MAR 17 1950

RECEIVED
District Health Officer No. 7,
District File Number 10-49-1322
Date Filed 11-21-49

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 ..... Student Embalmer No. ....., working under my personal supervision.

Student .....
Student Embalmer

Signed Bert B. Bennett
Licensed Embalmer No. 4656
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.