

0730

FILED JAN 9 1950

STANDARD CERTIFICATE OF DEATH

1887

State File No.

BIRTH NO. ... REG. DIST. NO. 247 PRIMARY REG. DIST. NO. 4366 Registrar's No. 58

1. PLACE OF DEATH a. COUNTY Newton b. CITY OR TOWN Granby c. LENGTH OF STAY 36 days d. FULL NAME OF HOSPITAL OR INSTITUTION

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Newton c. CITY OR TOWN Granby d. STREET ADDRESS

3. NAME OF DECEASED a. (First) Mollie b. (Middle) SMITH c. (Last) RICHARDSON 4. DATE OF DEATH (Month) (Day) (Year) 1-2-1950

5. SEX Female 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed 8. DATE OF BIRTH 9-23-1874 9. AGE (In years last birthday) 75 10. MONTHS 3 11. DAYS 10

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) Holly mo 12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME John Smith 13b. MOTHER'S MAIDEN NAME Lydia Argan 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 Mrs. Rachel Paetzkowski ADDRESS Springfield

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchial pneumonia MEDICAL CERTIFICATION ANTECEDENT CAUSES Morbid 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. 491X INTERVAL BETWEEN ONSET AND DEATH 3 days

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 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.) 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 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 Jan 1, 1950, to Jan 2, 1950, that I last saw the deceased alive on Jan 2, 1950, and that death occurred at 3 a.m., from the causes and on the date stated above.

23a. SIGNATURE R. R. Evans (Degree or title) 23b. ADDRESS Granby mo 23c. DATE SIGNED 1-3-50

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE 1-4-49 24c. NAME OF CEMETERY OR CREMATORY Alice Cem. 24d. LOCATION (City, town, or county) (State) Harrison mo.

DATE REC'D BY LOCAL REG. Jan. 4, 1950 REGISTRAR'S SIGNATURE M. L. Young 225 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Culver-Shermane Granby mo.

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

RECEIVED

District Health Officer No. Newton Co. MO.

District File Number 150-17

Date Filed JAN 3 1950

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 G. E. Clevver

Licensed Embalmer No. 3584

P. O. Address Cassville, 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.