

FILED FEB 24 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5922

State File No.

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 6875 Registrar's No. 53

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>St. Francois</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Farmington RURAL</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Bonne Terre</u>	
c. LENGTH OF STAY (in this place) <u>6 das.</u>		0941	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Missouri State Hospital No. 4</u>		d. STREET ADDRESS (If rural, give location) <u>Unknown</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>HOWARD</u> b. (Middle) <u>RICHARDSON</u> c. (Last) <u>RICHARDSON</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>February 13, 1950</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Divorced</u>	8. DATE OF BIRTH <u>June 5, 1871</u>	9. AGE (In years Last birthday) <u>78</u>	IF UNDER 1 YEAR Months <u>8</u> Days <u>8</u> IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Valles Mines, Missouri</u>	
13a. FATHER'S NAME <u>Francis Richardson</u>			13b. MOTHER'S MAIDEN NAME <u>Unknown Rich</u>		14. NAME OF HUSBAND OR WIFE <u>Francois Thurman</u>
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>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Records State Hospital No. 4, Farmington, Mo.</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Uremia</u>		-----		<u>6. das.</u>	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		Unknown.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	

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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from Feb. 7, 19 50 to Feb. 13, 19 50, that I last saw the deceased alive on Feb. 13, 19 50, and that death occurred at 8:45P m., from the causes and on the date stated above.

23a. SIGNATURE <u>John A. Breina M.D.</u> (Degree or title)		23b. ADDRESS <u>State Hospital No. 4, Farmington, Mo.</u>		23c. DATE SIGNED <u>2-14-50</u>	
24a. BURIAL, CREMATION/REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Feb. 16, 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Adams Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>RFD #1, Bonne Terre, Mo.</u>					

DATE REC'D BY LOCAL REG. <u>Feb. 16, 1950</u>		REGISTRAR'S SIGNATURE <u>Ether Rudolph</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Benham Undertaking Co., Bonne Terre, Mo.</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

No. 300
10. 4840
2

FEB 28 1950

RECEIVED

FEB 21 1950

DISTRICT HEALTH OFFICE No. 4

File No. 250-254

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 Harvey J. Claywell

Licensed Embalmer No. 3704

P. O. Address Bonne Terre, 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.