

FILED JUL 8 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 20017

BIRTH NO. _____ REG. DIST. NO. 140 PRIMARY REG. DIST. NO. 3024 Registrar's No. 68

045

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

1. PLACE OF DEATH a. COUNTY <u>Howard</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Cass</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Fayette, Mo.</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Harrisonville</u> <u>0190</u>	
c. LENGTH OF STAY (In this place) <u>9 Months</u>		d. STREET ADDRESS (If rural, give location) <u>1</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Lee Hospital</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Sarah</u> b. (Middle) <u>Atkinson</u> c. (Last) <u>Richardson</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>June 2 1950</u>		
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	
8. DATE OF BIRTH <u>10/23/1871</u>		9. AGE (In years last birthday) <u>78</u>		10. MONTHS <u>7</u> DAYS <u>9</u> IF UNDER 12 HOURS <u>Min.</u>	
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 <u>-----</u>		11. BIRTHPLACE (State or foreign country) <u>Cass County, Missouri</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u>		13a. FATHER'S NAME <u>Thomas Jefferson Atkinson</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Saunders</u>	
14. NAME OF HUSBAND OR WIFE <u>John Wesley Richardson</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 <u>Urlyss Clathworthy</u>		18. ADDRESS <u>Fayette Mo.</u>			

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH <u>3 months</u>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocarditis Chronic</u>		ANTECEDENT CAUSES			DUE TO (b) _____	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			DUE TO (c) _____	
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death.			<u>40.2.2</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)		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 March 1, 1950, to June 2, 1950 that I last saw the deceased alive on June 2, 1950 and that death occurred at 12:30 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>Mary H. Dean M.D.</u> (Degree or title)		23b. ADDRESS <u>Fayette, Mo.</u>		23c. DATE SIGNED <u>6-3-50</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>6/3/1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Freeman Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Harrisonville Missouri</u>	
DATE REC'D BY LOCAL REG. <u>6-3-50</u>		REGISTRAR'S SIGNATURE <u>Mary H. Shee 436</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Ralph A. Carl Fayette, Mo.</u>			

RECEIVED

JUN 7

District Health Officer No. 6,

District File Number _____

Date Filed 2-7-50

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 Raymond A. Carr

Signed _____
Student Embalmer

Licensed Embalmer No. 3340

P. O. Address Jayette 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.