

FILED SEP 20 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

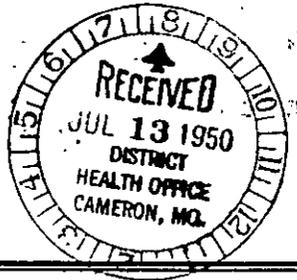
State File No. 30154

BIRTH NO. _____ REG. DIST. NO. 132 PRIMARY REG. DIST. NO. 5480 Registrar's No. 87

1. PLACE OF DEATH a. COUNTY Grundy		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Grundy	
b. CITY (If outside corporate limits, write RURAL and give township) Rural - Trenton TWP		c. CITY (If outside corporate limits, write RURAL and give township) Rural Trenton	
c. LENGTH OF STAY (In this place) 9 years.		d. STREET ADDRESS (If rural, give location) Rural Trenton route one	
d. FULL NAME OF HOSPITAL OR INSTITUTION death came enroute to hosp.			
3. NAME OF DECEASED a. (First) Troy		b. (Middle) Jefferson	
c. (Last) Richardson		4. DATE OF DEATH (Month) (Day) (Year) JUNE 24 1950	
5. SEX MALE	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH APR 19 1904
9. AGE (In years last birthday) 46		10. CITIZENSHIP (If alien, give date of naturalization) 2	11. CITIZENSHIP (If alien, give date of naturalization) 5
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMING		10b. KIND OF BUSINESS OR INDUSTRY Agriculture	
11. BIRTHPLACE (State or foreign country) MOHETT, MISSOURI		12. CITIZEN OF WHAT COUNTRY? USA.	
13a. FATHER'S NAME DAN Richardson		13b. MOTHER'S MAIDEN NAME Nancy Richardson	
13c. NAME OF HUSBAND OR WIFE Rhodae Richardson			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. NONE	
17. INFORMANT'S SIGNATURE OR NAME Mrs. T. J. Richardson		ADDRESS	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Angina Pectoris		INTERVAL BETWEEN ONSET AND DEATH 30 minutes	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Do not know	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		4202	
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 June 24th 1950 , to June 24th 1950 , that I last saw the deceased alive on June 24th 1950 , and that death occurred at 1:24 p.m. , from the causes and on the date stated above.			
23a. SIGNATURE Drew J. Duff		23b. ADDRESS Trenton Mo	
23c. DATE SIGNED June 26th 1950			
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE JUNE 27 1950	
24c. NAME OF CEMETERY OR CREMATORY South Evans		24d. LOCATION (City, town, or county) (State) Grundy Co Mo	
DATE REC'D BY LOCAL REG. 6-26-50		REGISTRAR'S SIGNATURE Drew J. Duff	
25. FUNERAL DIRECTOR'S SIGNATURE Drew - Blackmore Trenton, Mo		ADDRESS	

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

0400
300



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 J. Gordon Blackmon

Licensed Embalmer No. 4602

P. O. Address. Jrenton, Missouri

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.