

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **30795**

FILED SEP 28 1950

BIRTH NO. _____ REG. DIST. NO. 157 PRIMARY REG. DIST. NO. 3028 Registrar's No. 161

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jasper	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Carthage		c. LENGTH OF STAY (in this place) Lifetime	
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Carthage		d. STREET ADDRESS (If rural, give location) 419 Wooster	
d. FULL NAME OF HOSPITAL OR INSTITUTION 419 Wooster			

3. NAME OF DECEASED (Type or Print)	a. (First) Fred	b. (Middle) Richardson	c. (Last) Richardson	4. DATE OF DEATH (Month) (Day) (Year) 9-18-50
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Jan, 12, 1882	9. AGE (In years last birthday) 68	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Contractor	10b. KIND OF BUSINESS OR INDUSTRY Contracting	11. BIRTHPLACE (State or foreign country) Carthage, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.
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13a. FATHER'S NAME Noah Richardson	13b. MOTHER'S MAIDEN NAME Talitha	14. NAME OF HUSBAND OR WIFE Lizzie Gilbreath
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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 Lizzie Richardson	ADDRESS Carthage, MO
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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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion		INTERVAL BETWEEN ONSET AND DEATH 30 mins 2 years 4201
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary sclerosis		
	DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR
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22. I hereby certify that I attended the deceased from 9/17, 1950, to 9/18, 1950, that I last saw the deceased alive on 9/17, 1950, and that death occurred at 5:00 a.m., from the causes and on the date stated above.

23a. SIGNATURE C. H. Spivey D. M.D. (Degree or title)	23b. ADDRESS 201 W. 3rd, Carthage, Mo.	23c. DATE SIGNED 9/18/50
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 9-20-50	24c. NAME OF CEMETERY OR CREMATORY Park Cemetery	24d. LOCATION (City, town, or county) (State) Carthage, Mo.
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DATE REC'D BY LOCAL REG. 9-19-50	REGISTRAR'S SIGNATURE. L. B. Clinton, M.D.	25. FUNERAL DIRECTOR'S SIGNATURE ULMER, FUNERAL HOME	ADDRESS Carthage, Mo.
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RECEIVED 9-26-50
Jasper County Health Office

County File Number 50-9-689

Date Filed 9-27-50

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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 _____

working under my personal supervision.

Student
Student Embalmer

Signed John S. Renshaw
Student Embalmer No. _____
Licensed Embalmer No. Carthage
P. O. Address 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.