

S. No. 300  
V. 10.48

Dr. K. L. ...  
FILED MAR 1 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 4241  
Registrar's No. 54

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 77 PRIMARY REG. DIST. NO. 5303

1. PLACE OF DEATH a. COUNTY <i>Cole</i> <i>Jefferson Twp.</i>		2. USUAL RESIDENCE (Where deceased lived; if institution: residence before admission) a. STATE <i>Mo.</i> b. COUNTY <i>Cole</i>	
b. CITY (If outside corporate limits, write RURAL and give township) <i>Jefferson City</i>		c. CITY (If outside corporate limits, write RURAL and give township) <i>Jefferson City</i>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <i>R.F.D. 5</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>R.F.D. 5</i>			

3. NAME OF DECEASED (Type or Print) a. (First) <i>LUCINDA</i> b. (Middle) <i>RICHARDSON</i> c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) <i>FEB. 24 1951</i>
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5. SEX <i>Female</i>	6. COLOR OR RACE <i>colored</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <i>Nov. 10 1860</i>	9. AGE (In years last birthday) <i>90</i>	10. MONTHS <i>90</i>	11. DAYS <i>90</i>	12. HOURS <i>90</i>	13. MIN. <i>90</i>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housekeeper</i>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <i>Miller Co. Mo.</i>	12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>
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13a. FATHER'S NAME <i>William Hite</i>	13b. MOTHER'S MAIDEN NAME <i>Harriet Hite</i>	14. NAME OF HUSBAND OR WIFE <i>Geo. W. Richardson</i>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <i>No</i>	16. SOCIAL SECURITY NO. <i>None</i>	17. INFORMANT'S SIGNATURE OR NAME <i>Edmer Richardson</i> ADDRESS <i>Jeff. City, Mo.</i>
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <i>1 mo</i>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Obstructive jaundice</i>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Cholecystitis, cholelithiasis</i> DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<i>2-3-51 X</i>	

19a. DATE OF OPERATION <i>2-3-51</i>	19b. MAJOR FINDINGS OF OPERATION <i>Cholecystitis, Cholelithiasis (Cholecystectomy)</i>	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) (Min.)	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 *Jan 17*, 1951, to *Feb 24*, 1951, that I last saw the deceased alive on *Feb 22*, 1951, and that death occurred at *10* m., from the causes and on the date stated above.

23a. SIGNATURE <i>L. B. ...</i> (Degree or title)	23b. ADDRESS <i>Jefferson City, Mo.</i>	23c. DATE SIGNED <i>2-27-51</i>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24b. DATE <i>Feb 26, 1951</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Greenwood</i>	24d. LOCATION (City, town, or county) (State) <i>Coleman Mo.</i>
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DATE REC'D BY LOCAL REG. <i>Mar 3-1951</i>	REGISTRAR'S SIGNATURE <i>R. P. Darrin, M.D.</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>Louis D. Phillips</i> ADDRESS <i>Coleman</i>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

R. P. DORRIS M.D. Reg  
503 First Bldg  
Jemo

ENCLOSURE  
FEB 28 1951

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 Embalmer No.....

Signed: *Louis D. Phillips*

Signed.....  
Student Embalmer

Licensed Embalmer No. *3663*

P. O. Address. *bedon*

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.