

No. 300
10. 48

FILED APR 9 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9022

State File No. _____

2495

BIRTH NO. _____ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 165

1. PLACE OF DEATH a. COUNTY <u>JASPER</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE <u>MISSOURI</u> b. COUNTY <u>JASPER</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Joplin</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Joplin</u>	
c. LENGTH OF STAY (In this place) <u>7 DAYS</u>		d. STREET ADDRESS (If rural, give location) <u>420 N WALL ST</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Johns Hospital</u>			
3. NAME OF DECEASED (First) <u>Nelle Blair</u> (Middle) <u>Richardson</u> (Last) <u>Richardson</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>3-29-51</u>	
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>Aug. 11, 1887</u>
9. AGE (In years last birthday) <u>63</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House Duty</u>	
11. KIND OF BUSINESS OR INDUSTRY <u>SAME</u>		12. BIRTHPLACE (State or foreign country) <u>CARTERVILLE Mo</u>	
13. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>			
13a. FATHER'S NAME <u>Frank P. Blair</u>		13b. MOTHER'S MAIDEN NAME <u>Cynthia J. Rountree</u>	
13c. NAME OF HUSBAND OR WIFE <u>HARRY A. RICHARDSON</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>No</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Harry A. Richardson</u>		ADDRESS <u>420 N. Wall</u>	
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of breast</u> ANTECEDENT CAUSES <u>Generalized Metastasis</u> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
18. INTERVAL BETWEEN ONSET AND DEATH <u>4 years</u>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION. <u>170X</u>	
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) (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 <u>Sept 1950</u> , to <u>March 29, 1951</u> ; that I last saw the deceased alive on <u>March 29, 1951</u> , and that death occurred at <u>6:50 P.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>G. A. Schulte, M.D.</u> (Degree or title)		23b. ADDRESS <u>421 Frisco Bldg., Joplin, Mo</u>	
23c. DATE SIGNED <u>3/30/51</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>3/31/51</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>MT. HOPE</u>		24d. LOCATION (City, town, or county) (State) <u>Webb City Mo.</u>	
DATE REC'D BY LOCAL REG. <u>3-31-51</u>		REGISTRAR'S SIGNATURE <u>G. A. Schulte</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>GLOVER MORTUARY</u>		ADDRESS <u>138</u>	

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

RECEIVED 4-7-51
Jasper County Health Office

County File Number 51-3-290

Date Filed 4-2-51

MAY 10 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. 398

Signed *Shyld C. Wood*
Student Embalmer

Signed *Oral Glover*

Licensed Embalmer No. 4593

P. O. Address *Joplin, 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.