

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

22645

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 116 PRIMARY REG. DIST. NO. 3020 Registrar's No. 99

1. PLACE OF DEATH a. COUNTY <u>Franklin</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>California</u> b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Washington</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Anaheim</u> <u>8040</u>	
c. LENGTH OF STAY (If table place) <u>1da</u>		d. STREET ADDRESS (If rural, give location) _____	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Francis Hospital</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>EDWARD</u> b. (Middle) <u>B</u> c. (Last) <u>Richardson</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>July 11, 1951</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	
8. DATE OF BIRTH <u>March 5, 1885</u>			9. AGE (Years) (Months) (Days) (Hours) (Min.) <u>66</u> <u>4</u> <u>6</u> _____		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Broommaker</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Ace Broom Co</u>		
11. BIRTHPLACE (State or foreign country) <u>Nashville, Tennessee</u>			12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		

13a. FATHER'S NAME <u>Bradley Richardson</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>		14. NAME OF HUSBAND OR WIFE <u>Mrs. Ethel E. Richardson</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, state war or dates of service) <u>None</u>		16. SOCIAL SECURITY NO. <u>491-07-5073</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Lee Appleby, Springfield, Mo.</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>Coronary thrombosis</u> INTERVAL BETWEEN ONSET AND DEATH <u>6 hours</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Atherosclerosis, general?</u> 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 _____		

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) <u>4201</u>	
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 10 July, 1951, to 11 July, 1951, that I last saw the deceased alive on 10 July, 1951, and that death occurred at 12:25 A.M., from the causes and on the date stated above.

23a. SIGNATURE <u>Raymond J. Boase, MD</u> (Degree or title)		23b. ADDRESS <u>Washington, Mo</u>		23c. DATE SIGNED <u>11 July 1951</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>July 14, 1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Green Lawn Cemetery</u>	
				24d. LOCATION (City, town, or county) (State) <u>Springfield, Mo.</u>	

DATE RECD BY LOCAL REG <u>July 11, 1951</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u> <u>99</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Nieburg & Witt, Inc., Washington, Mo.</u>	
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(Licensed Embalmer's Statement on Reverse Side)

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

3602

File No. _____
DISTRICT HEALTH OFFICE No. 4

JUL 14 1951

RECEIVED

APR 17 1951

FORWARD

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

Jerome F. Shvoboda

Signed

Student Embalmer

Licensed Embalmer No. 4507

P. O. Address Washington

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.