

FILED AUG 29 1951

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

29264

State File No. 32

BIRTH NO. <u>58958-57</u>		REG. DIST. NO. <u>381</u>		PRIMARY REG. DIST. NO. <u>45-13-</u>		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY <u>Sullivan</u> <u>1050</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Sullivan</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Milan</u>		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Milan</u> <u>1050</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>Simpson Hospit.</u>				d. STREET ADDRESS (If rural, give location) <u>0</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Terry</u>		b. (Middle) <u>Van Richardson</u>		c. (Last) _____		4. DATE OF DEATH (Month) (Day) (Year) <u>8-16-51</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>8-13-51</u>		9. AGE (In years last birthday)	IF UNDER 1 YEAR Months <u>3</u>	IF UNDER 24 HRS. Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Milan Ohio</u>		12. CITIZEN OF WHAT COUNTRY? <u>US</u>	
13a. FATHER'S NAME <u>Billy A. Richardson</u>		13b. MOTHER'S MAIDEN NAME <u>Coretta Kudual</u>		14. NAME OF HUSBAND OR WIFE _____			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____ (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Billy Richardson</u> ADDRESS <u>Milan 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Fetus of New Born</u>  ANTECEDENT CAUSES: Morbid 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. <u>7700</u>				INTERVAL BETWEEN ONSET AND DEATH <u>24 hrs.</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 <u>8-13</u> , 19 <u>51</u> , to <u>8-16</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>8-16-51</u> , 19 <u>51</u> , and that death occurred at <u>6 p m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>E. Simpson</u> (Degree or title)				23b. ADDRESS <u>Milan Mo.</u>		23c. DATE SIGNED <u>8-20-51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>8-17-51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Oakwood Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Milan Mo.</u>		
DATE REC'D BY LOCAL REG. <u>Aug 23 1951</u>		REGISTRAR'S SIGNATURE <u>Mrs. H. B. Harner</u> <u>320</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Schoen</u> <u>Dorothy Schoen</u>		ADDRESS _____	

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

Date Received: **AUG 28 1951**  
DISTRICT HEALTH OFFICE #2  
District File Number *8-51-1576*  
Date Filed: **AUG 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.....

..... Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

*Not Embalmed*

Signed..... *Dwight Schoene* .....

Licensed Embalmer No. .... *2667* .....

P. O. Address..... *Milan - 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.