

FILED SEP 19 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 29359

BIRTH NO. _____ REG. DIST. NO. 1 PRIMARY REG. DIST. NO. 3000 Registrar's No. 247

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|--|--|---|--|
| 1. PLACE OF DEATH a. COUNTY <u>Adair</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Knott</u> | |
| b. CITY (If outside corporate limits, write BURIAL and give town) <u>Kirkpaville</u> | | c. CITY (If outside corporate limits, write BURIAL and give township) <u>Greensburg Mo.</u> | |
| c. LENGTH OF STAY (In this place) <u>2 DAYS</u> | | d. STREET ADDRESS (If rural, give location) | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Community Hospital</u> | | | |
| 3. NAME OF DECEASED a. (First) Richardson <u>George</u> | | b. (Middle) <u>RICHARDSON</u> | |
| c. (Last) _____ | | 4. DATE OF DEATH (Month) (Day) (Year) <u>Sept-11-51</u> | |
| 5. SEX <u>M-D</u> | 6. COLOR OR RACE <u>W</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> | 8. DATE OF BIRTH <u>Jan-20-1873</u> |
| 9. AGE (In years last birthday) <u>78</u> | 10. UNDER 1 YEAR (Specify) <u>7</u> | 11. MONTHS <u>21</u> | 12. HOURS <u>5</u> MIN. _____ |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Ret.</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u> | 11. BIRTHPLACE (State or foreign country) <u>Greensburg Mo.</u> | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> |
| 13a. FATHER'S NAME <u>Wm Richardson</u> | 13b. MOTHER'S MAIDEN NAME <u>Francis Letters</u> | 13c. NAME OF HUSBAND OR WIFE <u>Edith Keller</u> | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or date of service) | 16. SOCIAL SECURITY NO. <u>None</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Edwin Peterson</u> ADDRESS <u>Council Bluffs 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. | | | |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CONGESTIVE HEART FAILURE</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>HYPERTENSION</u> | | <u>UNKNOWN</u> | |
| DUE TO (c) <u>ARTERIOSCLEROSIS</u> | | <u>UNKNOWN</u> | |
| 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 <u>443x</u> | | 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>Sept. 4, 1951</u> , to <u>Sept. 11, 1951</u> , that I last saw the deceased alive on <u>Sept. 11, 1951</u> , and that death occurred at <u>5:55 P.M.</u> , from the causes and on the date stated above. | | | |
| 23a. SIGNATURE (Degree or title) <u>M. L. Hutcheson D.O.</u> | | 23b. ADDRESS <u>211 Hicksville Mo</u> | 23c. DATE SIGNED <u>9-11-51</u> |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Buried</u> | 24b. DATE <u>Sept-14-51</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Greensburg</u> | 24d. LOCATION (City, town, or county) (State) <u>Greensburg Mo</u> |
| DATE REC'D BY LOCAL REG. <u>9-14-51</u> | REGISTRAR'S SIGNATURE <u>Kate Lambert</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Keith Hudson</u> ADDRESS <u>Edina Mo</u> | |

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

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Date Received: SEP 18 1951
DISTRICT HEALTH OFFICE #2
District File Number 9-51-1665
Date Filed: SEP 18 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

Signed Keith Hudson

Licensed Embalmer No. 2415

P. O. Address Edina 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.