

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

40456

State File No.

FILED DEC 7 1951

BIRTH NO. _____ REG. DIST. NO. 348 PRIMARY REG. DIST. NO. 6178 Registrar's No. 57

1. PLACE OF DEATH a. COUNTY <u>Sullivan</u> <u>1150</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) <u>Harris - Liberty</u> c. LENGTH OF STAY (In this place) <u>Life</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Harris Rural</u> <u>050</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) <u>Liberty Sup</u> <u>D</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>GEORGE</u> b. (Middle) <u>PRENTISS</u> c. (Last) <u>RICHARDSON</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>11-24-51</u>			
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widower</u>	8. DATE OF BIRTH <u>11-3-1862</u>	9. AGE (In years last birthday) <u>89</u>	<input type="checkbox"/> UNDER 1 YEAR Months Days	<input type="checkbox"/> UNDER 10 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farmer</u>		11. BIRTHPLACE (State or foreign country) <u>Sullivan Co Mo D</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>

13a. FATHER'S NAME <u>Herian Richardson</u>	13b. MOTHER'S MAIDEN NAME <u>Nancy A. Harris</u>	14. NAME OF HUSBAND OR WIFE
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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. <u>✓</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Miss Hilda Richardson</u> ADDRESS <u>Harris Mo</u>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocarditis Chronic</u>		
	II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4222</u>	

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 1-1-1951, to 11-24-1951, that I last saw the deceased alive on 11-6-1951, and that death occurred at 7:50 P.m., from the causes and on the date stated above.

23a. SIGNATURE <u>H. C. Weston M.D.</u> (Degree or title)	23b. ADDRESS <u>Galt, Mo.</u>	23c. DATE SIGNED <u>11-25-51</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>11-27-1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Union Grove Cem</u>	24d. LOCATION (City, town, or county) (State) <u>Harris Mo</u>
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DATE REC'D BY LOCAL REG. <u>Nov. 28</u>	REGISTRAR'S SIGNATURE <u>Greta Caldwell</u>	318	25. FUNERAL DIRECTOR'S SIGNATURE <u>DR Payne Son</u> ADDRESS <u>Galt Mo</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Date Received: NOV 30 1951
DISTRICT HEALTH OFFICE #2
District File Number 12-51-2
Date Filed: DEC 5 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.....

P. H. Payne Jr.

Signed.....

Student Embalmer

Licensed Embalmer No. 3400

P. O. Address *Galt*

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.