

FILED JAN 3 1952

THE STATE OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 41354

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 132 PRIMARY REG. DIST. NO. 3021 Registrar's No. 177

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

1. PLACE OF DEATH a. COUNTY <u>Grundy</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Grundy</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Trenton</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Trenton</u>	
c. LENGTH OF STAY (in this place) <u>21 years.</u>		d. STREET ADDRESS (If rural, give location) <u>412 E. 10th Street.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>412 E. 10th Street.</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Leland</u> b. (Middle) <u>Dean</u> c. (Last) <u>Richardson</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Dec 26 1951</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>N</u>	8. DATE OF BIRTH <u>MAY 18 1921</u>		9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min. <u>30 7 8</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>Ridgeway, Missouri</u>	
13a. FATHER'S NAME <u>Floyd Joseph Richardson</u>			13b. MOTHER'S MAIDEN NAME <u>Ruby Leone Polley</u>		14. NAME OF HUSBAND OR WIFE <u>Never married.</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>F.J. Richardson</u> ADDRESS <u>Trenton, 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>Ataxia (Spinal)</u>		INTERVAL BETWEEN ONSET AND DEATH <u>18 years</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  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 _____		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) <u>024X</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 Sept 10, 1957 to Dec 26, 1957, that I last saw the deceased alive on Dec 26, 1957, and that death occurred at 10 A. m., from the causes and on the date stated above.

23a. SIGNATURE <u>E.A. Duffy M.D.</u> (Degree or title)		23b. ADDRESS <u>Trenton, Mo</u>		23c. DATE SIGNED <u>Dec 27-57</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>12-28-51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Maple Grove cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Trenton, Mo.</u>		DATE REC'D BY LOCAL REG. <u>12-27-51</u>		REGISTRAR'S SIGNATURE <u>Leone Fair</u> ADDRESS <u>115 0</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Davis-Bladen</u>		ADDRESS <u>Trenton, Mo.</u>			

E.A. Duffy.

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**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.....

Signed.....  
Student Embalmer

Licensed Embalmer No.....

P. O. Address.....

**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.