

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

563

State File No. ....

No. 300  
10-48

FILED FEB 7 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 57 PRIMARY REG. DIST. NO. 4104 Registrar's No. 15

190

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

1. PLACE OF DEATH a. COUNTY <u>Cass</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Cass</u>	
b. CITY OR TOWN <u>West Line</u>		c. CITY OR TOWN <u>West Line</u>	
c. LENGTH OF STAY (in this place) <u>all life</u>		0198	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>In home</u>		d. STREET ADDRESS (If rural, give location) <u>none</u>	

3. NAME OF DECEASED (Type or Print) <u>MARCELLA RICHARDSON</u>			4. DATE OF DEATH <u>Jan. 27-1952</u>		
a. (First)		b. (Middle)		c. (Last)	

5. SEX <u>Female</u>	6. COLOR, OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed 2</u>	8. DATE OF BIRTH <u>July 3-1876</u>	9. AGE (last birthday) <u>75</u>	IF UNDER 1 YEAR	IF UNDER 1 YEAR	IF UNDER 1 YEAR
				Months	Days	Hours	Mins.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, when if retired)	10b. KIND OF BUSINESS OR INDUSTRY <u>Housekeeper</u>	11. BIRTHPLACE (State or foreign country) <u>Near West Line Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>John Van Meter</u>	13b. MOTHER'S MAIDEN NAME <u>Melville Buchler</u>	14. NAME OF HUSBAND OR WIFE <u>Farrest Richardson</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Reg. no. or unknown) <u>none</u>	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>W. F. Saffley</u>	ADDRESS <u>West Line Mo.</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>arteriosclerosis</u>		DUPLICATE (b) <u>Hemiplegia, four years duration</u>		<u>4 yrs.</u>	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Very senile</u>			

19a. DATE OF OPERATION <u>None</u>	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>no</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Westline Cass Mo.</u>
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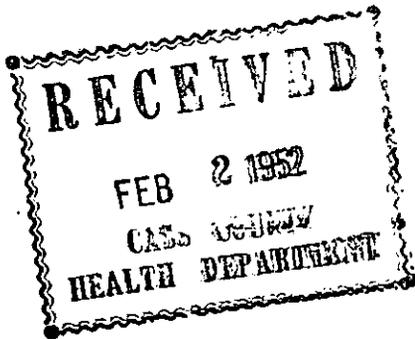
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from Dec. 15, 1951, to Jan. 18, 1952, that I last saw the deceased alive on Jan. 18, 1952 and that death occurred at 6 A. m., from the causes and on the date stated above.

23a. SIGNATURE <u>W. F. Saffley, M.D.</u> (Degree or title)	23b. ADDRESS <u>Lansburg Kansas</u>	23c. DATE SIGNED <u>1-28-52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>?</u>	24b. DATE <u>1-29-1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Edmunds</u>	24d. LOCATION (City, town, or county) (State) <u>2 miles N.E. Westline Mo.</u>
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DATE REC'D BY LOCAL REG. <u>Jan 30, 1952</u>	REGISTRAR'S SIGNATURE <u>Dora Barnard</u>	4577-0	25. FUNERAL DIRECTOR'S SIGNATURE <u>Rev. E. Myers</u>	ADDRESS <u>Cleveland Mo.</u>
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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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed Geo. E. Myers

Licensed Embalmer No. 2517

P. O. Address Cleveland, Ohio

**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.