

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4287

State File No. 11 0214

FILED FEB 25 1952

BIRTH NO. _____		REG. DIST. NO. <u>64</u>		PRIMARY REG. DIST. NO. <u>5248</u>		Registrar's No. <u>11 0214</u>			
1. PLACE OF DEATH a. COUNTY <u>Chariton</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Chariton</u>					
b. CITY (If outside corporate limits, write RURAL and give township) <u>Wayland Township</u>		c. LENGTH OF STAY (in this place) <u>- Life</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Wayland Township - Rural</u>		d. STREET ADDRESS (If rural, give location) <u>1/8 Mile East of Prairie Hill</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1/8 Mi. E of Prairie Hill</u>				d. STREET ADDRESS (If rural, give location) <u>1/8 Mile East of Prairie Hill</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Harmon</u> b. (Middle) <u>Richardson</u> c. (Last) <u>Richardson</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>2-20-52</u>						
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>May 15 - 1874</u>			
9. AGE (In years last birthday) <u>77</u>		IF UNDER 1 YEAR Months <u>9</u> Days <u>5</u>		IF UNDER 4 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>Farming</u>			11. BIRTHPLACE (State or foreign country) <u>Chariton County Mo</u>			
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			13a. FATHER'S NAME <u>Buse Harmon Richardson</u>		13b. MOTHER'S M maiden name <u>Martha Jane Conrad</u>		14. NAME OF HUSBAND OR WIFE <u>Effie Richardson</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>Mrs John Campbelle</u>			ADDRESS <u>Salisbury 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, asthenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of liver</u>				INTERVAL BETWEEN ONSET AND DEATH	
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.									
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>1561</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>1952 to Feb 20, 1952</u> , that I last saw the deceased alive on <u>Feb 20, 1952</u> , and that death occurred at <u>12:00 p.m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>W.P. Alexander M.D.</u>				23b. ADDRESS <u>Wayland Hill Mo</u>		23c. DATE SIGNED <u>2/20/52</u>			
24a. BURIAL, CREMATION REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Feb 22-1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Prairie Hill Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Prairie Hill Missouri</u>			
DATE REC'D BY LOCAL REG. <u>2/22-52</u>		REGISTRAR'S SIGNATURE <u>W.P. Alexander</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>CBW Intelmeyer</u>		ADDRESS <u>Salisbury, Mo.</u>			

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

2210
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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.....
Student Embalmer

Signed

Chas B Winkelmeyer

Licensed Embalmer No. *3842*

P. O. Address

Salisbury 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.