

FILED FEB 25 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 4733

BIRTH NO. _____ REG. DIST. NO. 134 PRIMARY REG. DIST. NO. 5491 Registrar's No. 3

| | | | |
|---|-------------------------------|--|---------------------------------------|
| 1. PLACE OF DEATH a. COUNTY <u>Harrison</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Harrison</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural -</u> | | c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural - Clay</u> | |
| c. LENGTH OF STAY (In this place) <u>4 1/2 yrs.</u> | | d. STREET ADDRESS (If rural, give location) <u>5 9 mile N.E. Plythe Dale</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>5 9 mile N.E. Plythe Dale</u> | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Harvey</u> b. (Middle) <u>Dean</u> c. (Last) <u>Richardson</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>Feb - 10 - 1952</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>Oct. 22, 1879</u> |
| 9. AGE (In years last birthday) <u>72</u> | | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u> | |
| 11. BIRTHPLACE (State or foreign country) <u>Plythe Dale Mo</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | |
| 13a. FATHER'S NAME <u>James W. Richardson</u> | | 13b. MOTHER'S MAIDEN NAME <u>Abigail Smith</u> | |
| 14. NAME OF HUSBAND OR WIFE <u>Cora Richardson</u> | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> | | 16. SOCIAL SECURITY NO. <u>no</u> | |
| 17. INFORMANT'S SIGNATURE OR NAME <u>Cora Richardson</u> | | ADDRESS <u>Plythe Dale 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>Coronary Heart Disease</u> INTERVAL BETWEEN ONSET AND DEATH <u>4 yrs</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Polycythemia Vera</u> <u>5 yrs</u> DUE TO (c) <u>Stroke</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 | |
| 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>294X</u> | | | |
| 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 <u>Oct</u> , 1947, to <u>2-10</u> , 1952, that I last saw the deceased alive on <u>Feb 9</u> , 1952, and that death occurred at <u>12:00 pm.</u> , from the causes and on the date stated above. | | | |
| 23a. SIGNATURE <u>J. B. Hays</u> (Degree or title) <u>Dr.</u> | | 23b. ADDRESS <u>Plythe Dale Mo</u> | |
| 23c. DATE SIGNED <u>2-15-52</u> | | | |
| 24a. BURIAL, CREMATION, OR REMOVAL (Specify) | | 24b. DATE <u>Feb-19-1952</u> | |
| 24c. NAME OF CEMETERY OR CREMATORY <u>MT Pleasant</u> | | 24d. LOCATION (City, town, or county) (State) <u>5 9 mile N.E. Plythe Dale Mo</u> | |
| DATE REC'D BY LOCAL REG. <u>2-18-1952</u> | | REGISTRAR'S SIGNATURE <u>S. Pha Shaw</u> | |
| 25. FUNERAL DIRECTOR'S SIGNATURE <u>Gerald W. Boyles</u> | | ADDRESS <u>Eastern Mo</u> | |

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

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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: *Gerald W. Boyce*

Licensed Embalmer No. *4762*

P. O. Address *Englewood 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.