

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

State File No. **15589**

DECEASED JUN 2 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **38** PRIMARY REG. DIST. NO. **3006** Registrar's No. **140**

0105  
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <b>Boone</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Boone</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Columbia</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Columbia</b> <b>0105</b>	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) <b>300 N. Genth Ave.</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>300 N. Genth Ave</b>			

3. NAME OF DECEASED (Type or Print) <b>LOVELLA RICHARDSON</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>May 23rd 1952</b>		
a. (First)		b. (Middle)		c. (Last)	

5. SEX <b>3</b> <b>Female</b>	6. COLOR OR RACE <b>W</b> <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>W</b> <b>widow</b>	8. DATE OF BIRTH <b>Aug. 4th 1890</b>	9. AGE (In years) (Months) (Days) (Hours) (Min.) <b>61</b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Private Home</b>	11. BIRTHPLACE (State or foreign country) <b>Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>Alexander Coates</b>	13b. MOTHER'S MAIDEN NAME <b>Nannie Norton</b>	13c. NAME OF HUSBAND OR WIFE <b>George Richardson</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b> (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <b>Mable Hawey</b> ADDRESS <b>Columbia Mo</b>
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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) <b>Cerebral Hemorrhage</b>		<b>4 days</b>
	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. <b>Pneumonia</b>		<b>1 day</b>

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>331X</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from **May 20, 1952** to **May 23, 1952**, that I last saw the deceased alive on **May 27, 1952**, and that death occurred at **6:30 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>Roland P. Anderson MD</b> (Degree or title)	23b. ADDRESS <b>Columbia Mo</b>	23c. DATE SIGNED <b>May 27-52</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>May 26-1952</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Columbia</b>	24d. LOCATION (City, town, or county) (State) <b>Columbia Mo</b>
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DATE REC'D BY LOCAL REG. <b>May 27-1952</b>	REGISTRAR'S SIGNATURE <b>Mrs. P. E. Palmer</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Stuart Parker</b> ADDRESS <b>Columbia Mo</b>
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DEC 5 1932

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.

Signed Edward D. Parker Student Embalmer No. ....

Signed.....  
Student Embalmer

Licensed Embalmer No. 2900

P. O. Address Columbia 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.