

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

28474

State File No.

8-21-52
FILED AUG 21 1952

REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 356

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

1. PLACE OF DEATH a. COUNTY Jasper 0495		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Jasper 0495	
b. CITY (If outside corporate limits, write RURAL and give township) Joplin		c. CITY (If outside corporate limits, write RURAL and give township) Joplin	
c. LENGTH OF STAY (In this place) 45 yrs		d. STREET ADDRESS (If rural, give location) 2209 West First St.	
d. FULL NAME OF HOSPITAL OR INSTITUTION 2209 West First St.			
3. NAME OF DECEASED a. (First) Anna b. (Middle) Della c. (Last) Richardson		4. DATE OF DEATH (Month) (Day) (Year) August 11, 1952	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH April 28, 1875
9. AGE (In years last birthday) 77		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	
11. BIRTHPLACE (State or foreign country) Douglas County, Ohio		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Levi Bumgardner		13b. MOTHER'S MAIDEN NAME Sarah E. Davis	
14. NAME OF HUSBAND OR WIFE -----			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. --	
17. INFORMANT'S SIGNATURE OR NAME Mrs. Austin Byrd		ADDRESS 2209 West First St.	
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) Hypostatic Pneumonia INTERVAL BETWEEN ONSET AND DEATH 24 hours ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cholecystitis DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 6 wks.	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 585 X		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) m.	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 June 23, 1952 to Aug 11, 1952 , that I last saw the deceased alive on Aug. 11, 1952 , and that death occurred at 7:30 a.m. , from the causes and on the date stated above.			
23a. SIGNATURE Chas. B. Joerist D.O.		23b. ADDRESS Green Bldg Joplin, Mo	
23c. DATE SIGNED 8/12/52			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 8-14-52	24c. NAME OF CEMETERY OR CREMATORY Osborne Memorial	24d. LOCATION (City, town, or county) (State) Joplin, Missouri
DATE REC'D BY LOCAL REG. 8-14-52	REGISTRAR'S SIGNATURE Ed. O. James	25. FUNERAL DIRECTOR'S SIGNATURE Steve Parker Mortuary, Joplin, Mo.	

RECEIVED 8-19-52

Jasper County Health Office

County File Number 52/2/655

Date Filed 8-19-52

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 *F. M. Jones*

Licensed Embalmer No. 2319

P. O. Address *Jasper 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.