No. 300
10.48

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

28475

State File No.

FILED AUG 21 1952

BIRTH NO. REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 352

1. PLACE OF DEATH
a. COUNTY Jasper 0495
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Joplin
c. LENGTH OF STAY (in this place) 72 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 824 Connor Ave.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY Jasper
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Joplin 0495
d. STREET ADDRESS (If rural, give location) 824 Connor Ave.

3. NAME OF DECEASED (Type or Print) a. (First) Ida b. (Middle) Elizabeth c. (Last) Richardson

4. DATE OF DEATH (Month) (Day) (Year) 8-4-1952

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed
8. DATE OF BIRTH 6-22-1865
9. AGE (In years last birthday) 84 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY Home making
11. BIRTHPLACE (City and State or Foreign Country) Springfield, Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME George Glenville
13b. MOTHER'S MAIDEN NAME Mary Daugherty
14. NAME OF HUSBAND OR WIFE Finis Richardson Dead

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)* None
16. SOCIAL SECURITY NO. None
17. INFORMANT'S SIGNATURE OR NAME George Richardson - 1115 N. Porter ADDRESS Joplin Mo

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) Hypertensive cardio-vascular disease, decompensated — INTERVAL BETWEEN ONSET AND DEATH: Before 12-1-51

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Generalized arteriosclerosis — Before 12-1-51
DUE TO (c) Coronary insufficiency, with old posterior myocardial infarction — Yrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Malnutrition, voluntary, with senile psychosis

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION 4201
20. AUTOPSY? YES ☐ NO ☒

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12-1, 1951, to 8-4, 1952, that I last saw the deceased alive on 8-4, 1952, and that death occurred at P. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Wilson S. Butterworth, M.D.
23b. ADDRESS 410 Jackson, Joplin, Mo.
23c. DATE SIGNED 8-6-52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 8-6-52
24c. NAME OF CEMETERY OR CREMATORY Peace Cemetery
24d. LOCATION (City, town, or county) (State) Joplin, Mo.

DATE REC'D BY LOCAL REG. 8-11-52
REGISTRAR'S SIGNATURE Ed S. James by Dolores Lampkins
25. FUNERAL DIRECTOR'S SIGNATURE Shaw-Hill-Dillon Mort ADDRESS Joplin Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

Dr Butterworth

RECEIVED 8-19-52
Jasper County Health Office
County File Number 52/C/651
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 Cecil A. Thomas Lee
Licensed Embalmer No. 3590
P. O. Address Joplin, 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.