V.S. No. 300
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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34397

State File No.

BIRTH NO. 82778 REG. DIST. NO. 53 PRIMARY REG. DIST. NO. 3010 Registrar's No. 350

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

1. PLACE OF DEATH
a. COUNTY: Cape Girardeau
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Cape Girardeau
c. LENGTH OF STAY (in this place): 22 dys
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Francis Hospital

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

3. NAME OF DECEASED (Type or Print)
a. (First): Nellie
b. (Middle): Virginia
c. (Last): Richardson

4. DATE OF DEATH (Month) (Day) (Year): Nov. 3, 1952

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Inf
8. DATE OF BIRTH: Oct. 9, 1952
9. AGE (In years last birthday): —
If under 1 year: Months — Days 24
If under 24 hrs.: Hours Min.

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

13a. FATHER'S NAME: Henry Richardson
13b. MOTHER'S MAIDEN NAME: Alice Mane
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: Henry Richardson
ADDRESS: Advance, 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): Prematurity
INTERVAL BETWEEN ONSET AND DEATH: 3 WKS

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: 776 X
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* 13 Oct, 1952, *to* 3 NOV, 1952, *that I last saw the deceased alive on* 2 NOV., 1952, *and that death occurred at* 2:20 a m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): James A. Kinder M.D.
23b. ADDRESS: Cape Girardeau MO
23c. DATE SIGNED: 6 NOV. '52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 11-4-52
24c. NAME OF CEMETERY OR CREMATORY: Morgan Memorial Park
24d. LOCATION (City, town, or county) (State): Advance, Missouri

DATE REC'D BY LOCAL REG.: 11-6-52
REGISTRAR'S SIGNATURE: C. C. Summers
44-0
25. FUNERAL DIRECTOR'S SIGNATURE: Wm. H. Mayer
ADDRESS: Advance, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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 Not Embalmed Student Embalmer No. ..... working under my personal supervision.

Student .....
Student Embalmer

Signed William H. Morgan

Licensed Embalmer No. 4648

P. O. Address Advance, 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.