

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34770

State File No. _____

FILED OCT 25 1952

BIRTH NO. _____ REG. DIST. NO. 133 PRIMARY REG. DIST. NO. 3027 Registrar's No. 103

34110

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

1. PLACE OF DEATH a. COUNTY <u>Harrison</u>		2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Harrison</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Bethany</u>		c. LENGTH OF STAY (in this place) <u>3 weeks</u>	
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Calfar Township</u>		d. STREET ADDRESS (If rural, give location) <u>A410</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Reid Hospital</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Emma</u> b. (Middle) <u>L. Richardson</u> c. (Last) _____			4. DATE OF DEATH (Month) (Day) (Year) <u>Oct 15 1952</u>		
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, <u>Widowed</u> (Specify)	8. DATE OF BIRTH <u>Nov 14 1864</u>	9. AGE (In years last birthday) <u>87</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 6 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>own home</u>	11. BIRTHPLACE (State or foreign country) <u>Monroe County, Iowa</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
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13a. FATHER'S NAME <u>James Farmer</u>	13b. MOTHER'S MAIDEN NAME <u>Rebecca Miller</u>	14. NAME OF HUSBAND OR WIFE <u>Charles Richardson</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <u>No</u>	16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Lema Shuckleton</u>	ADDRESS _____
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>6 days -</u> <u>14 days.</u> <u>UNKNOWN</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>UREMIA</u>		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Bilateral Pyelonephritis</u> DUE TO (c) <u>CARDIO-VASCULAR-RENAL Dis.</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>INTERTROCHANTERIC Fracture left</u>		<u>21 days</u>	

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION <u>Femur. 442 X F</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident.</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Blythedale. Harrison - Mo</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Sept. 24 - 52 8 A.M.</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Fall to floor while getting out bed.</u>
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22. I hereby certify that I attended the deceased from 9-24, 1952, to 9-15, 1952, that I last saw the deceased alive on 9-14, 1952, and that death occurred at 12:30 A.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Clare Cartney, D.O.</u>	23b. ADDRESS <u>Bethany - Missouri</u>	23c. DATE SIGNED <u>10-17-52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Oct, 17/52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Rose Hill</u>	24d. LOCATION (City, town, or county) (State) <u>Lamoni Ia.</u>
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DATE REC'D BY LOCAL REG. <u>10/21/52</u>	REGISTRAR'S SIGNATURE <u>Zola Burris</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Wanda Marsh</u>	ADDRESS <u>Lamoni Ia</u>
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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.

Signed *Wm March*

Signed.....
Student Embalmer

Licensed Embalmer No. 4400

P. O. Address Lamoni, Ia

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.