

FILED OCT 20 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 35559

No. 300
10-48

BIRTH NO. _____ REG. DIST. NO. 175 PRIMARY REG. DIST. NO. 3036 Registrar's No. 72

1. PLACE OF DEATH
a. COUNTY Lawrence
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Aurora
c. LENGTH OF STAY (in this place) years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 20 W. Cofield St.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE Missouri b. COUNTY Lawrence
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Aurora 1 0550
d. STREET ADDRESS (If rural, give location) 20 W. Cofield St.

3. NAME OF DECEASED
a. (First) L. b. (Middle) Wood c. (Last) Richardson
4. DATE OF DEATH (Month) (Day) (Year) Sept. 19, 1952

5. SEX Male 6. COLOR OR RACE white 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED 8. DATE OF BIRTH July 9 - 1870 9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 1 MRS. Hours Mins. 80 7 10

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

13a. FATHER'S NAME Peter Richardson 13b. MOTHER'S MAIDEN NAME Ella Bennett 14. NAME OF HUSBAND OR WIFE Louisa Richardson

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. none 17. INFORMANT'S SIGNATURE OR NAME Louisa Richardson ADDRESS Aurora

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Terminal uremia
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) arterio-sclerotic
DUE TO (c) cardio-vascular
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. renal disease

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION 442X 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) (Min) _____ 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 August, 1952, to Sept. 19, 1952, that I last saw the deceased alive on Sept. 18, 1952, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) A. P. Coetzee M.D. 23b. ADDRESS Aurora, Mo. 23c. DATE SIGNED Sept. 20, 1952

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE 9/21/52 24c. NAME OF CEMETERY OR CREMATORY Leann Cemetery 24d. LOCATION (City, town, or county) (State) Leann, Missouri

DATE REC'D BY LOCAL REG. Oct. 16, 1952 REGISTRAR'S SIGNATURE Oscar Mc Natt GENERAL DIRECTOR'S SIGNATURE Oscar L. Marsh ADDRESS Aurora, Mo.

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

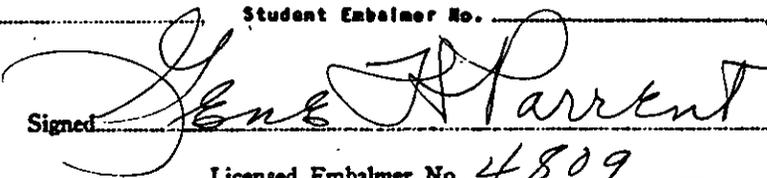
STATEMENT BY LICENSED EMBALMER

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  _____

Licensed Embalmer No. 4809

P. O. Address Quincy, 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.