

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

41907

State File No. ....

LED JAN 12 1953

BIRTH NO. _____		REG. DIST. NO. <u>101</u>		PRIMARY REG. DIST. NO. <u>2415</u>		Registrar's No. <u>68</u>	
1. PLACE OF DEATH a. COUNTY <u>Douglas</u>				2. USUAL RESIDENCE (Where deceased lived, if institution; residence before death) a. STATE <u>MO.</u> b. COUNTY <u>Douglas</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Norwood Rt #2</u>		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Norwood Rt #2</u>		d. STREET ADDRESS (If rural, give location) <u>0-140</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Wood Top</u>							
3. NAME OF DECEASED (Type or Print) a. (First) <u>T.</u> b. (Middle) <u>R.</u> c. (Last) <u>RICHARDSON</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Dec 24, 1952</u>				
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>June 14, 1869</u>		9. AGE (In years last birthday) <u>83</u>	If UNDER 1 YEAR Months <u>6</u> Days <u>10</u>	If UNDER 24 HRS. Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farmer</u>		11. BIRTHPLACE (State or foreign country) <u>Clairborne Co. Tenn.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>JOHN RICHARDSON</u>		13b. MOTHER'S MAIDEN NAME <u>ELIZA FERGUSON</u>		14. NAME OF HUSBAND OR WIFE <u>Ellie May RICHARDSON</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>MRS. ELMER RANEX NORWOOD, MO.</u>			
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) <u>Cerebral Haemorrhage.</u>  ANTECEDENT CAUSES <u>Hypertension, Arteriosclerosis</u> 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 <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>					INTERVAL BETWEEN ONSET AND DEATH <u>12-21-52</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>331X</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., to 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 <u>June 19, 1950</u> , to <u>Dec 24, 1952</u> , that I last saw the deceased alive on <u>Dec 23, 1952</u> , and that death occurred at <u>3<sup>45</sup> A. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Edw. Conner M.D.</u>				23b. ADDRESS <u>Mountain Grove, MO.</u>		23c. DATE SIGNED <u>12-29-52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>12-26-1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>TRILIFORD</u>		24d. LOCATION (City, town, or county) (State) <u>NORWOOD MO</u>		
DATE REC'D BY LOCAL REG. <u>1-5-53</u>		REGISTRAR'S SIGNATURE <u>Vestal Bushman 84-1</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Grable-Windle Norwood, MO.</u>			

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

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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.

Student .....  
Student Embalmer

Signed

*Frank Grable*

Licensed Embalmer No. *4440*

P. O. Address *124 Grano, 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.