

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 6677

FILED MAR 10 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 170 PRIMARY REG. DIST. NO. 3033 Registrar's No. 29

0530

1. PLACE OF DEATH a. COUNTY <u>Laclede</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Laclede</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Lebanon</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Brush Creek</u> <u>0530</u>	
c. LENGTH OF STAY (In this place) <u>2 hrs.</u>		d. STREET ADDRESS (If rural, give location) <u>No. St. address</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Wallace Memorial</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Lewis</u> b. (Middle) <u>Ervin</u> c. (Last) <u>Richardson</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 20, 1953</u>		
---	--	--	--	--	--

5. SEX <u>Male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>March 2 1882</u>	9. AGE (In years last birthday) <u>70</u>	IF UNDER 1 YEAR Months <u>11</u> Days <u>18</u>	IF UNDER 12 HRS. Hours <u></u> Min. <u></u>
--------------------	-------------------------------	---	--------------------------------------	---	---	---

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Laclede Co. Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>
---	-----------------------------------	--	--

13a. FATHER'S NAME <u>Wm. Richardson</u>	13b. MOTHER'S MAIDEN NAME <u>unknown</u>	14. NAME OF HUSBAND OR WIFE <u>Nellie M. Richardson</u>
--	--	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Nellie Richardson</u>	ADDRESS <u>Brush Creek</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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>one week</u>  <u>one year</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebro-vascular accident</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>arteriosclerosis</u> DUE TO (c) <u>331X</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Blindness - one year</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
------------------------	----------------------------------	--

21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>None</u>	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)	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 2/20, 1953, to 2/20, 1953, that I last saw the deceased alive on 2/20, 1953, and that death occurred at 11:30 P. m., from the causes and on the date stated above.

23a. SIGNATURE <u>George Z. Fisher M.D.</u>	(Degree or title)	23b. ADDRESS <u>Lebanon, Mo</u>	23c. DATE SIGNED <u>2/26/53</u>
---	-------------------	---------------------------------	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>2/27/1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Dutton Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>near Lebanon, Mo.</u>
---	----------------------------	---	--

DATE REC'D BY LOCAL REG. <u>2-28-1953</u>	REGISTRAR'S SIGNATURE <u>Nella L. May</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>W.E. Holman</u>	ADDRESS <u>Lebanon, Mo.</u>
---	---	---	-----------------------------

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

MAR 7 1953

Received .....  
Sacred County Health Unit  
File No. 3-53-43  
Date Filed MAR 9 1953

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.....

working under my personal supervision.

Student Embalmer No.....

Signed Dorsey M. Howe

Signed.....  
Student Embalmer

Licensed Embalmer No. 4222

P. O. Address Lebanon, 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.