

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

STANDARD CERTIFICATE OF DEATH

State File No. **24167**
Registrar's No. **112**

FILED AUG 10 1953

BIRTH NO. _____ REG. DIST. NO. **59** PRIMARY REG. DIST. NO. **4097**

1. PLACE OF DEATH a. COUNTY CASS		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE LOUISIANA b. COUNTY LINCOLN PARISH	
b. CITY (If outside corporate limits, write RURAL and give township) HARRISONVILLE		c. CITY (If outside corporate limits, write RURAL and give township) RUSTON	
c. LENGTH OF STAY (In this place) 1 DAY		d. STREET ADDRESS (If rural, give location) UNKNOWN	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION West of S. 71 City Limits			

3. NAME OF DECEASED (Type or Print) a. (First) FREDDIE b. (Middle) LEE c. (Last) RICHARDSON	4. DATE OF DEATH (Month) (Day) (Year) August 1 1953
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5. SEX MALE	6. COLOR OR RACE NEGRO	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) NEVER MARRIED	8. DATE OF BIRTH MAY 30 1934	9. AGE (In years last birthday) 19	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LABORER	11. BIRTHPLACE (State or foreign country) UNIONVILLE, LOUISIANA	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME UNKNOWN	13b. MOTHER'S MAIDEN NAME UNKNOWN	14. NAME OF HUSBAND OR WIFE NONE
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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. UNKNOWN	17. INFORMANT'S SIGNATURE OR NAME VAN WATTS JR.	ADDRESS RUSTON, LA.
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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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Shock, while swimming		INTERVAL BETWEEN ONSET AND DEATH Instant
	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. E9294 42		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT (Specify) SINGING HOME	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, or public place) Dona Brown Park	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Harrisonville Cass MO
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) 8 1 1953 5 p.m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? Was in swimming and drowned

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at **5:00 P. m.**, from the causes and on the date stated above.

23a. SIGNATURE Z. V. Mungler, M.D.	(Degree or title) 3	23b. ADDRESS Pleasant Hill, Mo.	23c. DATE SIGNED Aug. 1, 1953
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE August 22, 1953	24c. NAME OF CEMETERY OR CREMATORY Unknown	24d. LOCATION (City, town, or county) (State) Ruston LA.
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DATE REC'D BY LOCAL REG. Aug 2, 1953	REGISTRAR'S SIGNATURE Dora Barriard	457-1	25. FUNERAL DIRECTOR'S SIGNATURE Attman Bros. Harrisonville, Mo.	ADDRESS
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(Licensed Embalmer's Statement on Reverse Side)

OCT 20 1952

RECEIVED
AUG 8 1952
CASS COUNTY
HEALTH DEPARTMENT

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 *Robert W Atkinson*

Licensed Embalmer No. *4902*

P. O. Address *Harrisonville, 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.