FILED JUL 28 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 25772

BIRTH NO. _____ REG. DIST. NO. 243 PRIMARY REG. DIST. NO. 4864 Registrar's No. 23

1. PLACE OF DEATH
a. COUNTY: Newton
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Stella
c. LENGTH OF STAY (In this place): 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Cardwell Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Oklahoma
b. COUNTY: Deleware
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Grove
d. STREET ADDRESS (If rural, give location): Box 334

8350

3. NAME OF DECEASED (Type or Print)
a. (First): Iva
b. (Middle):
c. (Last): Richardson

4. DATE OF DEATH (Month) (Day) (Year): July 13, 1953

5. SEX: Female
6. COLOR OR RACE: W.
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Jan. 13, 1916
9. AGE (In years last birthday): 37 — IF UNDER 1 YEAR: Months 6, Days; IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Oklahoma
12. CITIZEN OF WHAT COUNTRY?:

13a. FATHER'S NAME: George Stout
13b. MOTHER'S MAIDEN NAME: Alice Ramsey
14. NAME OF HUSBAND OR WIFE: Clarence Richardson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S SIGNATURE OR NAME: Clarence Richardson — ADDRESS: Grove, Okla

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) Acute myocarditis — INTERVAL BETWEEN ONSET AND DEATH: 2 hrs.

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.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? no — 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) m.:
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* July 12, 19 53, *to* July 13, 19 53, *that I last saw the deceased alive on* July 13, 19 53, *and that death occurred at* 12 p. m., *from the causes and on the date stated above.*

23a. SIGNATURE: [signature] (Degree or title): MD
23b. ADDRESS: Stella, Missouri
23c. DATE SIGNED: July 14, 53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 7/17/53
24c. NAME OF CEMETERY OR CREMATORY: Olympus
24d. LOCATION (City, town, or county) (State): Grove, Oklahoma

DATE REC'D BY LOCAL REG.: 7/18/53
REGISTRAR'S SIGNATURE: Alpha Dyer 369-0
25. FUNERAL DIRECTOR'S SIGNATURE: Worley Funeral Home — ADDRESS: Grove, Okla.

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

NEWTON COUNTY HEALTH UNIT

District Health Officer No.

District File Number 753-14.6

Date Filed JUL 27 1953

NEOSHO, MISSOURI

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 Not Embalmed in Missouri ~~Student Embalmer No.~~ working under my personal supervision.

Student ..... Student Embalmer

Signed [signature]

Licensed Embalmer No.

P. O. Address Grove Okla

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fail[illegible] to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.