

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **36657**

FILED NOV 2 - 1953
BIRTH NO. _____ REG. DIST. NO. **247** PRIMARY REG. DIST. NO. **4366** Registrar's No. **35**

0730

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

1. PLACE OF DEATH a. COUNTY Newton			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Newton			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Granby		c. LENGTH OF STAY (in this place) YRS	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Granby		d. STREET ADDRESS (If rural, give location) Route	
d. FULL NAME OF HOSPITAL OR INSTITUTION Granby Community Hosp.			d. STREET ADDRESS (If rural, give location) Route			
3. NAME OF DECEASED (Type or Print) a. (First) Erastus b. (Middle) Richardson c. (Last) Richardson			4. DATE OF DEATH (Month) (Day) (Year) 10-21-1953			
5. SEX M	6. COLOR OR RACE W	7. MARRIED-NEVER MARRIED, WIDOWED, DIVORCED. (Specify) Married	8. DATE OF BIRTH 1-29-1880	9. AGE (In years last birthday) 73	10. IF UNDER 1 YEAR Months 8 Days 22	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farming		10b. KIND OF BUSINESS OR INDUSTRY Farming	11. BIRTHPLACE (State or foreign country) Marion County, Ill.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Thomas Levin Richardson		13b. MOTHER'S MAIDEN NAME Luyari Frame		14. NAME OF HUSBAND OR WIFE Easter Richardson		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME Easter Richardson ADDRESS Granby, Missouri			
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) Coronary occlusion 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.			INTERVAL BETWEEN ONSET AND DEATH 8 Days
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)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 4201			
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 Oct 13, 1953 to Oct 21, 1953 , that I last saw the deceased alive on Oct 21, 1953 and that death occurred at 4:37 p.m. , from the causes and on the date stated above.						
23a. SIGNATURE (Degree or title) Charles O. Chester D.O.			23b. ADDRESS GRANBY, MO.		23c. DATE SIGNED 10-23-53	
24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE 10-25-1953	24c. NAME OF CEMETERY OR CREMATORY Granby Memorial Cemetery	24d. LOCATION (City, town, or county), (State) Granby, Missouri			
DATE REC'D BY LOCAL REG. Oct 25 1953		REGISTRAR'S SIGNATURE M. S. Young	25. FUNERAL DIRECTOR'S SIGNATURE Culver - Skumake Funeral Home	ADDRESS Granby, Mo.		

(Licensed Embalmer's Statement on Reverse Side) **E. Skumake Jr.**

RECEIVED

NEWTON COUNTY HEALTH UNIT

District Health Officer No. _____

District File Number 1053-199

Date Filed OCT 30 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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed F. E. Shewmake Jr.

Licensed Embalmer No. 4923

P. O. Address Granby, 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.