

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **38807**

FILED DEC 7 1953

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 1062-D

1. PLACE OF DEATH a. COUNTY <u>Greene</u>		2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Webster</u>	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Spring Field MO</u>)	c. LENGTH OF STAY (In this place) <u>2 days</u>	c. CITY OR TOWN <u>Marshfield Mo</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. John's Hospital</u>		e. STREET ADDRESS (If rural, give location) <u>1120</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Fred</u>	b. (Middle)	c. (Last) <u>Richardson</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>11-25-1953</u>
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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>Aug 13 1885</u>	9. AGE (In years last birthday) <u>68</u>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Railroad</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>Marshfield Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Taber Richardson</u>	13b. MOTHER'S MAIDEN NAME <u>Mary Harwood</u>	14. NAME OF HUSBAND OR WIFE <u>Cora Richardson</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>	16. SOCIAL SECURITY NO. <u>UNKNOWN</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Cora Richardson</u>	ADDRESS <u>Marshfield Mo</u>
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary Aelectasis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>18 hrs.</u>
	ANTECEDENT CAUSES DUE TO (b) <u>laceration left lung</u>		
	DUE TO (c) <u>Herniation of Stomach & Colon Through Rupture of Diaphragm</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Fracture Ribs Left</u>			

19a. DATE OF OPERATION <u>11-24-53</u>	19b. MAJOR FINDINGS OF OPERATION <u>AS Above Plus hemothorax</u>	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Highway</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>NEAR MARSHFIELD Webster Missouri</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>11-24-53 6 PM</u>	21e. INJURY OCCURRED WHILE AT WORK? <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Auto Accident</u>

22. I hereby certify that I attended the deceased from 11-24, 1953, to 11-25, 1953, that I last saw the deceased alive on 11-25, 1953, and that death occurred at 2 PM, from the causes and on the date stated above:

23a. SIGNATURE (Degree or title) <u>Michael Kelanck M.D.</u>	23b. ADDRESS <u>1630 N. Jefferson</u>	23c. DATE SIGNED <u>11-28-53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>11-28-1953</u>	24c. NAME OF CEMETERY <u>Marshfield</u>	24d. LOCATION (City, town, or county) (State) <u>Marshfield MO</u>
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DATE REC'D BY LOCAL REG. <u>12-1-53</u>	REGISTRAR'S SIGNATURE <u>Laura Williamson</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Barbara - Berta</u>	ADDRESS <u>Marshfield Mo</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1950
2 MAY

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.....
Signature of Student Embalmer

Signed *Glen A. Williams*

Licensed Embalmer No. *4651*

P. O. Address *Marshfield*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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