

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

297

State File No.

No. 300
10.48

FILED FEB 1 1954

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 93

1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Buchanan</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph,</u>		c. LENGTH OF STAY (in this place) <u>65 yrs</u>	c. CITY OR TOWN <u>St. Joseph</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>6304 King Hill Ave.</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
e. STREET ADDRESS (If rural, give location) <u>6304 King Hill Ave.</u>		<u>0117</u> <u>0</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Charles</u> b. (Middle) <u>A</u> c. (Last) <u>Richardson</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Jan 24 1954</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>Sept. 16, 1870</u>	9. AGE (In years last birthday) <u>83</u>	IF UNDER 1 YEAR Months <u>4</u>	IF UNDER 24 HRS. Hours <u>8</u> Min. <u>15</u>
--------------------	-------------------------------	---	--	---	---------------------------------	--

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Deputy Sheriff</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Leavenworth Kans.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
---	--	--	---

13a. FATHER'S NAME <u>Robert Richardson</u>	13b. MOTHER'S MAIDEN NAME <u>Unknown</u>	14. NAME OF HUSBAND OR WIFE <u>Ethel Richardson Wife</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>no</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Ethel Richardson</u>	ADDRESS <u>St. Joseph, Mo. 6304 King Hill</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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>10 min.</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u>		
	ANTECEDENT CAUSES DUE TO (b) <u>Arteriosclerotic Heart Disease</u>		unknown
DUE TO (c) <u>Arteriosclerosis</u>		unknown	
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? 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) <u>4200</u>
--	--	--

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 Sept. 10, 1953, to Jan. 24, 1954, that I last saw the deceased alive on Sept. 10, 1953, and that death occurred at 7:00 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Marion E. Wagner</u>	(Degree or title) <u>M.D.</u>	23b. ADDRESS <u>301 Illinois Ave. St. Joe.</u>	23c. DATE SIGNED <u>1-26-54</u>
---	-------------------------------	---	------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>1/27/1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>King Hill Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>St. Joseph Mo.</u>
--	-------------------------------	---	--

DATE REC'D BY LOCAL REG <u>Jan. 30, 1954</u>	REGISTRAR'S SIGNATURE <u>Ethel M. Allison</u>	485	25. FUNERAL DIRECTOR'S SIGNATURE <u>John E. Papp</u>	ADDRESS <u>St. Joseph</u>
---	--	-----	---	------------------------------

(Licensed Embalmer's Statement on Reverse Side)

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

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 *Allen C. Bagan*.....

Licensed Embalmer No. *479*.....

P. O. Address *St. Joseph*.....

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.