

FILED NOV 15 1954

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

State File No. **33320**

BIRTH NO. _____ REG. DIST. NO. 64 PRIMARY REG. DIST. NO. 4109 Registrar's No. 60

1. PLACE OF DEATH a. COUNTY <u>Chariton</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Chariton</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Keytesville</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Keytesville, Mo.</u>	
c. LENGTH OF STAY (In this place) <u>37-Years</u>		d. STREET ADDRESS (If rural, give location) <u>Bridge St. & Highway # 5</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Bridge St. & Highway # 5</u>		d. STREET ADDRESS (If rural, give location) <u>Bridge St. & Highway # 5</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Jesse</u> b. (Middle) <u>Olion</u> c. (Last) <u>Richardson</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 9th, 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>Nov. 15th, 1871</u>		9. AGE (In years last birthday) <u>82</u>		10. IF UNDER 1 YEAR: Months <u>11</u> Days <u>25</u> IF UNDER 12 HRS. Hours <u></u> Mins. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Registered Pharmacist</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Druggist</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Prarie Hill, Mo</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					

13a. FATHER'S NAME <u>John Richardson</u>		13b. MOTHER'S MAIDEN NAME <u>Anna Conrad</u>		14. NAME OF HUSBAND OR WIFE <u>Ellenah Richardson</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>495-34-8421</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. H. N. Elliott</u> ADDRESS <u>Keytesville, Mo.</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*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>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Ch. Nephritis</u>			INTERVAL BETWEEN ONSET AND DEATH <u>Don't know</u>
ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i>		DUE TO (b) <u>Carcinoma of prostate</u>			Don't know
		DUE TO (c)			
II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>					

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)		
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 May 10, 1954, to Nov 9, 1954, that I last saw the deceased alive on Nov 9, 1954, and that death occurred at 1:15 Pm. from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Carl C. Heger</u>		23b. ADDRESS <u>M. D. Keytesville, Mo</u>		23c. DATE SIGNED <u>11/12/54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Nov. 11th, 1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>City Cemetery</u>	
				24d. LOCATION (City, town, or county) (State) <u>Keytesville, Mo.</u>	
DATE RECD BY LOCAL REG. <u>11-12-54</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u> ADDRESS <u>Keytesville, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10-48

JUL 25 1958

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 A. D. Garrett

Licensed Embalmer No. 3046

P. O. Address Keytesville 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.