

FILED NOV 16 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 35972

BIRTH NO. _____		REG. DIST. NO. <u>373</u>		PRIMARY REG. DIST. NO. <u>62167</u>		Registrar's No. <u>46</u>			
1. PLACE OF DEATH a. COUNTY <u>WEBSTER</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution). a. STATE <u>MISSOURI</u> b. COUNTY <u>WEBSTER</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ELKLAND</u>		c. LENGTH OF STAY (In this place) <u>60 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ELKLAND</u>		1120			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>RURAL - JACKSON TOWNSHIP</u>				d. STREET ADDRESS (If rural, give location) <u>RURAL - JACKSON TOWNSHIP</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>JAMES</u> b. (Middle) <u>HUMPHREY</u> c. (Last) <u>RICHERSON</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 3, 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>August 10, 1883</u>			
9. AGE (In years last birthday) <u>71</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 11 YRS. Hours _____ Mins. _____					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>		11. BIRTHPLACE (State or foreign country) <u>Dallas Co., Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.H.</u>			
13a. FATHER'S NAME <u>GREENE BERRY RICHERSON</u>			13b. MOTHER'S MAIDEN NAME <u>Rebecca Davison</u>		14. NAME OF HUSBAND OR WIFE <u>Emma M. Richerson</u>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Emma M. Richerson, Elkland, Mo.</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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u>				INTERVAL BETWEEN ONSET AND DEATH <u>1 1/2 hrs</u>	
				ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>arterio sclerosis</u>				5 yrs?	
				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? 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>4201</u>					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min) _____		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 <u>1 Nov</u> , 19 <u>54</u> , to _____, 19____, that I last saw the deceased alive on <u>1 Nov</u> , 19 <u>54</u> , and that death occurred at <u>5:30 Am.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>O. Griffin</u> (Degree or title) <u>MD</u>			23b. ADDRESS <u>Buffalo Mo</u>			23c. DATE SIGNED <u>8 Nov 54</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>11-5-54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Pleasant View Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Near Elkland, Mo.</u>			
DATE REC'D BY LOCAL REG. <u>11-10-54</u>		REGISTRAR'S SIGNATURE <u>J. Francon</u> <u>392-0</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Barber Funeral Home Marshfield Mo</u>					

(Licensed Embalmer's Statement on Reverse Side)



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..... *J. J. S. S. S.*

Licensed Embalmer No. *4815*

P. O. Address *Marshall, W. Va.*

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.