

FILED DEC 20 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40067

State File No.

| | | | | | | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------|-------------------------------------------|------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------------------------------|--|
| BIRTH NO. _____ | | REG. DIST. NO. 15 | | PRIMARY REG. DIST. NO. 3004 | | Registrar's No. 85 | |
| 1. PLACE OF DEATH a. COUNTY Barton | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Barton | | | |
| b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN Lamar | | c. LENGTH OF STAY (in this place) 6 wks | | c. CITY OR TOWN Lamar | | d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Potts Nursing Home | | | | e. STREET ADDRESS (If rural, give location) 504 E- 8th 002/0 | | | |
| 3. NAME OF DECEASED (Type or Print) LELAH | | a. (First) | | b. (Middle) | | c. (Last) RICHARDSON | |
| 4. DATE OF DEATH | | (Month) Dec | | (Day) 8 | | (Year) 1954 | |
| 5. SEX F | | 6. COLOR OR RACE W | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single | | 8. DATE OF BIRTH Mar 19 1872 | |
| 9. AGE (in years last birthday) 82 | | IF UNDER 1 YEAR Months 8 | | IF UNDER 24 HRS. Days 19 | | Hours Min. | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired clerk | | | | 10b. KIND OF BUSINESS OR INDUSTRY Dry Goods store | | 11. BIRTHPLACE (City and State or Foreign Country) Toledo, Illinois | |
| 12. CITIZEN OF WHAT COUNTRY? U. S. | | | | | | | |
| 13a. FATHER'S NAME James Richardson | | | 13b. MOTHER'S MAIDEN NAME Eunice Bartlett | | | 14. NAME OF HUSBAND OR WIFE None | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No | | 16. SOCIAL SECURITY NO. XXX | | 17. INFORMANT'S SIGNATURE OR NAME Charles Richardson, Sea Side, Oregon | | | |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) | | MEDICAL CERTIFICATION | | | | INTERVAL BETWEEN ONSET AND DEATH | |
| *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death. | | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic Cardiovascular disease | | | | year | |
| 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. | | | | | |
| 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) m. | | 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 10/3/54, to 11/26/54, that I last saw the deceased alive on 11/26/54, and that death occurred at 3:10p m., from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE U. R. Cain (Degree or title) | | | | 23b. ADDRESS Lamar, Mo | | 23c. DATE SIGNED 12/16/54 | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) burial | | 24b. DATE Dec 17 1954 | | 24c. NAME OF CEMETERY OR CREMATORY Lake Cemetery | | 24d. LOCATION (City, town, or county) (State) Lamar, Missouri | |
| DATE REC'D BY LOCAL REG. DEC 17 1954 | | REGISTRAR'S SIGNATURE Marie Konantz | | 25. FUNERAL DIRECTOR'S SIGNATURE Konantz Funeral Home, Lamar, Missouri | | ADDRESS | |

(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..... *Carl J. Konantz*

Licensed Embalmer No. *274*

P. O. Address *Lamar, T.*

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.