

FILED FEB 1 - 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 2181

BIRTH NO. _____ REG. DIST. NO. 297 PRIMARY REG. DIST. NO. 4446 Registrar's No. 7

1. PLACE OF DEATH a. COUNTY <u>Roy</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Roy</u>	
b. CITY OR TOWN <u>Hardin</u>		c. CITY OR TOWN <u>Hardin</u>	
c. LENGTH OF STAY (in this place) <u>6 months</u>		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 <u>Route # 2 1/2 miles NE Hardin Missouri</u>		No. STREET ADDRESS (If rural, give location) <u>Route # 2 Hardin Missouri</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Roy</u> b. (Middle) <u>FRANKLIN</u> c. (Last) <u>RICHARDSON</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>January 24, 1955</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>July 8, 1915</u>		9. AGE (in years last birthday) <u>39</u>		IF UNDER 1 YEAR Months <u>6</u> Days <u>17</u> IF UNDER 12 HRS. Hours <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Railroad worker</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Rock Island Railroad</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Richmond Missouri</u>	
12. CITIZENSHIP OF WHAT COUNTRY? <u>U.S.A.</u>					

13a. FATHER'S NAME <u>John Franklin Richardson</u>		13b. MOTHER'S MAIDEN NAME <u>Cynthia Catherine Thompson</u>		14. NAME OF HUSBAND OR WIFE <u>Bellie (Murray) 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) <u>none</u>		16. SOCIAL SECURITY NO. <u>721-05-4931</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Bellie Richardson</u> ADDRESS <u>Hardin, Missouri</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hemorrhage</u>		II. OTHER SIGNIFICANT CONDITIONS		immediate	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES		immediate	
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		Approx. 2 yrs.	
		DUE TO (b) <u>Erosion of carotid artery</u>			
		DUE TO (c) <u>Carcinoma of larynx</u>			
		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>101X</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 12/23, 1954, to 1/24, 1955, that I last saw the deceased alive on 1/16, 1955, and that death occurred at 6:15 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Henry S. Hallway, D.D.</u> (Degree or title)		23b. ADDRESS <u>P.O. Box 68, Hardin, Mo</u>		23c. DATE SIGNED <u>1/25/55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>January 27, 1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Vanbelle Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Ray County, Missouri</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Guest-Like Funeral Home</u> ADDRESS <u>Richmond, Missouri per Geo. D. Dile</u>			
DATE REC'D BY LOCAL REG. <u>January 28, 1955</u>		REGISTRAR'S SIGNATURE <u>Malcol Jackson</u> 273-0			

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

Jan 28

FEB 3 1955

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em
by me, or by Student Embalmer No.
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....
George D. [Signature]

Licensed Embalmer No. 406

P. O. Address.....
Pulmon

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F
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.