

FILED FEB 18 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5036

State File No.

407

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>JACKSON</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>KANSAS CITY</u>		c. CITY OR TOWN <u>KANSAS CITY</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <u>15 YEARS</u>		STREET ADDRESS (If rural, give location) <u>98 6916 CHESTNUT STREET 3888</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>SWOPE PARK BARN</u>			

3. NAME OF DECEASED (Type or Print)		4. DATE OF DEATH	
a. (First) <u>ALBERT</u>	b. (Middle) <u>MERLE</u>	c. (Last) <u>RICHARDSON</u>	(Month) (Day) (Year) <u>JANUARY 27, 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>MAY 28, 1893</u>	9. AGE (In years last birthday) <u>61</u>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
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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>PARK DEPARTMENT PLANO, ILLINOIS</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>PLANO, ILLINOIS</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>THOMAS E. RICHARDSON</u>	13b. MOTHER'S MAIDEN NAME <u>ANNA C. THOMPSON</u>	14. NAME OF HUSBAND OR WIFE <u>LELMA RICHARDSON</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>	16. SOCIAL SECURITY NO. <u>346-05-0215</u>	17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <u>MRS. LELMA RICHARDSON - R.C. MISSOURI</u>
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH <u>Anterior Coronary Occlusion</u>	INTERVAL BETWEEN ONSET AND DEATH <u>4201</u>
	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. <u>Old Myocardial Infarction</u>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Natural</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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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?
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22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 4:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Hugh H. Owens</u>	(Degree or title) <u>High</u>	23b. ADDRESS <u>Courier 1026 Peoria Bldg</u>	23c. DATE SIGNED <u>1-28-55</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>	24b. DATE <u>JAN. 24, 1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>FREEMAN CEMETERY</u>	24d. LOCATION (City, town, or county) (State) <u>FREEMAN MISSOURI</u>
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DATE REC'D BY LOCAL REG. <u>1-28-55</u>	REGISTRAR'S SIGNATURE <u>Neva Minshall</u>	25. GENERAL DIRECTOR'S SIGNATURE <u>D.P. Newcomer</u>
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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 *Chester K Brown*

Licensed Embalmer No. *49*

P. O. Address *KP Co*

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.