

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

State File No. **7791**

**FILED APR 4 1955**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 120 PRIMARY REG. DIST. NO. 4197 Registrar's No. 42

1. PLACE OF DEATH a. COUNTY <b>Gentry</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo.</b> COUNTY <b>Gentry</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Stanberry</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Stanberry</b> <b>Mo.</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>West 2nd St.</b>		d. STREET ADDRESS (If rural, give location) <b>212 West 2nd St.</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Mrs.</b> b. (Middle) <b>Nora Ellen</b> c. (Last) <b>Richardson</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Mar. 22 1955</b>		
5. SEX <b>female</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>widow</b>	8. DATE OF BIRTH <b>June 8 1874</b>	9. AGE (In years last birthday) <b>80</b>	10. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>At. home</b>		11. BIRTHPLACE (State or foreign country) <b>Fairfield, Iowa</b>	

13a. FATHER'S NAME <b>Young S. Pearson</b>		13b. MOTHER'S MAIDEN NAME <b>Marguerite Young</b>		14. NAME OF HUSBAND OR WIFE <b>Clarence Richardson deceased</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>.....</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Miss Birde Wilson Stanberry Mo</b>	

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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral hemorrhage</b>		INTERVAL BETWEEN ONSET AND DEATH <b>17 hrs</b>
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Hypertensive and arteriosclerotic vascular disease</b>		
	DUE TO (c) <b>unknown</b>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>none</b>			

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) <b>351 X</b>
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 Oct 27, 1953, to Mar 22, 1955, that I last saw the deceased alive on Mar 21, 1955, and that death occurred at 5:00 a. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Arthur L. Barlin M.D.</b>		23b. ADDRESS <b>Stanberry, Mo</b>		23c. DATE SIGNED <b>3-23-55</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>	24b. DATE <b>7/24/55</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Lafayette</b>	24d. LOCATION (City, town, or county) (State) <b>S. W of Stanberry Mo.</b>		
DATE REC'D BY LOCAL REG. <b>Mar 28-55</b>	REGISTRAR'S SIGNATURE <b>Maudie Williams</b>	462-	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Foley F. Phillips Stanberry</b>		

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

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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

*Henry G. Phillips*

Licensed Embalmer No. 1898

P. O. Address Stonington, MD

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.