

FILED APR 11 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **8750**

BIRTH NO. _____ REG. DIST. NO. **385** PRIMARY REG. DIST. NO. **3039** Registrar's No. **30**

1. PLACE OF DEATH
a. COUNTY **LINN**
b. CITY OR TOWN **MARCELINE**
c. LENGTH OF STAY (In this place) _____
d. FULL NAME OF HOSPITAL OR INSTITUTION _____

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE **Mo**
b. COUNTY **LINN**
c. CITY OR TOWN **MARCELINE**
d. STREET ADDRESS **104 E. HAKE ST**

3. NAME OF DECEASED
a. (First) **ETHEL**
b. (Middle) **M.**
c. (Last) **RICHARDSON**
d. DATE OF DEATH (Month) (Day) (Year) **3-29-55**

5. SEX **F**
6. COLOR OR RACE **W**
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED **WIDOWED**
8. DATE OF BIRTH **21-Dec-1881**
9. AGE (In years last birthday) **74**
10a. USUAL OCCUPATION **Newsprint**
10b. KIND OF BUSINESS OR INDUSTRY _____
11. BIRTHPLACE (City and State or Foreign Country) **NEW BOSTON, MO**
12. CITIZEN OF WHAT COUNTRY **USA**

13a. FATHER'S NAME **DAVID W. RICHARDSON**
13b. MOTHER'S MAIDEN NAME **MARGARET GARTON**
14. NAME OF HUSBAND OR WIFE **JAMES F. RICHARDSON**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) **No**
16. SOCIAL SECURITY NO. **NONE**
17. INFORMANT'S SIGNATURE OR NAME **DORA NEER**
ADDRESS **RICHMOND, MO**

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Cerebro-vascular accident (hemorrhage)**
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.
ANTECEDENT CAUSES
DUE TO (b) **Generalized arteriosclerosis and hypertension**
DUE TO (c) **Arteriosclerosis; demyelination**
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 **231X**
20. AUTOPSY? YES NO

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) (Min) _____
21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK
21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from _____, 19**55**, to _____, 19**55**, that I last saw the deceased alive on _____, 19**55**, and that death occurred at **4:06 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE **George Gaynes** (Degree or title) _____
23b. ADDRESS **Marceline, Mo.**
23c. DATE SIGNED **3-27-55**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Burial**
24b. DATE **3-2**
24c. NAME OF CEMETERY OR CREMATORY **Mt. Olivet**
24d. LOCATION (City, town, or county) (State) **MARCELINE, MO**

DATE REC'D BY LOCAL REG. **3-29-55**
REGISTRAR'S SIGNATURE **M. J. Reagin**
5. FUNERAL DIRECTOR'S SIGNATURE **M. Langhin**
ADDRESS **401. _____**

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

58!

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.

Signed _____

George J. ...

Licensed Embalmer No. 4425

P. O. Address Merline, 7th

Student
Student Embalmer

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.