

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

State File No. **15937**

Registrar's No. **522**

BIRTH NO. _____ REG. DIST. NO. **184** PRIMARY REG. DIST. NO. **3038**

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).	
a. COUNTY Linn	b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Brookfield	a. STATE Mo.	b. COUNTY Linn
c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Bucklin,	
d. FULL NAME OF HOSPITAL OR INSTITUTION West Canal Street		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED			4. DATE OF DEATH		
a. (First) Charley	b. (Middle)	c. (Last) Richardson	(Month) June	(Day) 5,	(Year) 1955
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH May 19, 1882		9. AGE (In years last birthday) Months Days Hours Min. 73 0 16
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming	10b. KIND OF BUSINESS OR INDUSTRY own farm	11. BIRTHPLACE (State or foreign country) New Boston, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	

13a. FATHER'S NAME Will Richardson	13b. MOTHER'S MAIDEN NAME Adeline Bray	14. NAME OF HUSBAND OR WIFE deceased
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME Russel Head,		ADDRESS Bucklin, Mo.
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 90 min 15 yrs
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Myocardial Failure</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis, General</u> 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"/>
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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) Bucklin, Mo.
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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?
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22. I hereby certify that I attended the deceased from Jan 18, 1954, to May 21, 1955, that I last saw the deceased alive on May 9, 1955, and that death occurred at 6:31 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Name or title) <i>Russel Head</i>	23b. ADDRESS Brookfield, Mo.	23c. DATE SIGNED June 6, 1955
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE June 7, 1955	24c. NAME OF CEMETERY OR CREMATORY Nester Chapel Cemetery	24d. LOCATION (City, town, or county) (State) New Boston, Mo.
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DATE REC'D BY LOCAL REG. 6/6/1955	REGISTRAR'S SIGNATURE <i>Walter Brown</i>	25. FUNERAL DIRECTOR'S SIGNATURE Larson Funeral Service, By <i>G. Chason</i>	ADDRESS Bucklin, Mo.
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WRITE PLAINLY--USING UNFAADING BLACK INK--MAKE A PERMANENT RECORD

