

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

26961

State File No.

FILED SEP 9 1955

BIRTH NO. _____ REG. DIST. NO. 200 PRIMARY REG. DIST. NO. 5725 Registrar's No. 160

1. PLACE OF DEATH a. COUNTY <u>Macon</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Macon</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Macon Hudson</u>		c. LENGTH OF STAY (in this place) <u>5 yrs.</u>	c. CITY OR TOWN <u>Macon</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Macon Lake Road</u>		e. STREET ADDRESS (If rural, give location) <u>Macon Lake Road</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Lillie</u> b. (Middle) <u>Jane</u> c. (Last) <u>Richardson</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Aug. 23, 1955</u>		
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Nov. 24, 1873</u>	9. AGE (In years last birthday) <u>81</u>	10 UNDER 1 YEAR Months Days	11 OVER 1 YEAR Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>—</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Macon County Mo. 0</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
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13a. FATHER'S NAME <u>A.C. Davidson</u>		13b. MOTHER'S MAIDEN NAME <u>Julia See</u>		14. NAME OF HUSBAND OR WIFE <u>Dec.</u>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <u>No.</u>		16. SOCIAL SECURITY NO. <u>No.</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mary Cleaver</u>		ADDRESS <u>Macon, Mo.</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, asthma, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 Days</u>
	ANTECEDENT CAUSES <u>Attending Physician is Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u>		
	II. OTHER SIGNIFICANT CONDITIONS <u>Deceased.</u>		

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)
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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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 5:55 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>Lester Sutton</u> (Degree or title) <u>Coroner</u>	23b. ADDRESS <u>Macon Mo.</u>	23c. DATE SIGNED <u>Aug 25, 1955</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Aug. 25, 1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Tabor</u>	24d. LOCATION (City, town, or county) (State) <u>ATLANTA, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>9-1-53</u>	REGISTRAR'S SIGNATURE <u>Ruth McNeely</u>	185	25. FUNERAL DIRECTOR'S SIGNATURE <u>Lester Sutton</u>	ADDRESS
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

6610

0610

SEP 8 1955

RECEIVED 9.7.55
MACON COUNTY HEALTH DEPARTMENT
County File No. 9.55.152

Date Filed 9.8.55
STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb

by me, or by, Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Charles L. Hutton*

Licensed Embalmer No. 457

P. O. Address *Macon*

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.