

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

37854

State File No.

FILED DEC 6 1955

BIRTH NO. _____ REG. DIST. NO. 295 PRIMARY REG. DIST. NO. 4443 Registrar's No. 166

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| 1. PLACE OF DEATH a. COUNTY <u>Randolph</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Huntsville</u> c. LENGTH OF STAY (in this place) <u>8 months</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Winkler Nursing Home</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Chariton</u> c. CITY OR TOWN <u>Prairie Hill</u> d. In Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> e. STREET ADDRESS (If rural, give location) <u>no street</u> | |
| 3. NAME OF DECEASED a. (First) <u>Daniel</u> b. (Middle) <u>Fletcher</u> c. (Last) <u>Richardson</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>November 21 1955</u> | |
| 5. SEX <u>male</u> | 6. COLOR OR RACE <u>white</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u> | 8. DATE OF BIRTH <u>October 26, 1874</u> |
| 9. AGE (In years last birthday) <u>81</u> | IF UNDER 1 YEAR Months _____ Days _____ | IF UNDER 1 HRS. Hours _____ Min. _____ | 11. BIRTHPLACE (City and State or Foreign Country) <u>Chariton County, Missouri</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>carpenter</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>carpentry</u> | |
| 12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u> | | 13a. FATHER'S NAME <u>John Henry Richardson</u> | |
| 13b. MOTHER'S MAIDEN NAME <u>Anna</u> | | 14. NAME OF HUSBAND OR WIFE <u>Victoria Richardson</u> | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service) <u>none</u> | | 16. SOCIAL SECURITY NO. <u>none</u> | |
| 17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Roy Dixon: 7115 Sloan: Houston, Texas</u> | | | |
| 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. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Embolism</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>Anticoagulation</u> DUE TO (c) _____ | |
| | | II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>332x</u> | |
| 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) | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) | 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 <u>Nov 10, 1955</u> to <u>Nov 21, 1955</u> , that I last saw the deceased alive on <u>11-21, 1955</u> , and that death occurred at <u>12:30 p.m.</u> , from the causes and on the date stated above. | | | |
| 23a. SIGNATURE (Degree or title) <u>[Signature]</u> | | 23b. ADDRESS <u>Salisbury Mo 11-21-55</u> | 23c. DATE SIGNED |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u> | 24b. DATE <u>11-24-1955</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Old Prairie Hill Cemetery</u> | 24d. LOCATION (City, town, or county) (State) <u>Prairie Hill, Missouri</u> |
| DATE REC'D BY LOCAL REG. <u>Nov 28 1955</u> | REGISTRAR'S SIGNATURE <u>Mary H. Dentley 482</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Tom B Patton</u> ADDRESS <u>Huntsville</u> | |

(Licensed Embalmer's Statement on Reverse Side)

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

mno

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 *Tom B. Patton*.....

Licensed Embalmer No. *391*.....

P. O. Address *Huntsville, Mo*.....

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.