No. 300
10-48

FILED JAN 10 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 41659

BIRTH NO. _____ REG. DIST. NO. 294 PRIMARY REG. DIST. NO. 3056 Registrar's No. 314

1. PLACE OF DEATH
a. COUNTY: Randolph
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moberly
c. LENGTH OF STAY (in this place): Approx 4 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Woodland Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Chariton
c. CITY OR TOWN: Salisbury
d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐
e. STREET ADDRESS (If rural, give location): North Grand Ave.

3. NAME OF DECEASED (Type or Print)
a. (First): Burl
b. (Middle): Lamon
c. (Last): Richardson

4. DATE OF DEATH (Month) (Day) (Year): Dec 30, 1955

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: June 20-1892
9. AGE (In years last birthday): 63 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Delivery man
10b. KIND OF BUSINESS OR INDUSTRY: Furniture Store
11. BIRTHPLACE (City and State or Foreign Country): Chariton County Missouri
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Luther Richardson
13b. MOTHER'S MAIDEN NAME: Lucinda Bentley
14. NAME OF HUSBAND OR WIFE: Lucylee Cox Richardson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): World War I
16. SOCIAL SECURITY NO.: 496-07-2168
17. INFORMANT'S SIGNATURE OR NAME: Jack Richardson — ADDRESS: Salisbury Mo.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Crushed chest (rt.) c 10 fx ribs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Pneumonia
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Delirium Tremens

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
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): Keytesville, Chariton, Mo.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Dec. 24, 1955 m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR?: Carwreck

22. *I hereby certify that I attended the deceased from* Dec. 25, 1955, *to* Dec. 30, 1955, *that I last saw the deceased alive on* Dec. 29, 1955, *and that death occurred at* 11:55 pm., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Gerald M. Hathorn, M.D.
23b. ADDRESS: Woodland Clinic Moberly, Mo.
23c. DATE SIGNED: Dec. 30, 1955

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: Jan 1-1956
24c. NAME OF CEMETERY OR CREMATORY: Asbury Cemetery
24d. LOCATION (City, town, or county) (State): Chariton County Mo.

DATE REC'D BY LOCAL REG.: Dec 31-55
REGISTRAR'S SIGNATURE: Leola Lowe 269-5
25. FUNERAL DIRECTOR'S SIGNATURE: Chas B Winkelmeyer — ADDRESS: Salisbury Mo

(Licensed Embalmer's Statement on Reverse Side)

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

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 Chas B Winkelmeyer

Licensed Embalmer No. 384

P. O. Address Salisbury,

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.