

FILED MAR 26 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 8051

BIRTH NO. 20 12834-56 REG. DIST. NO. 38 PRIMARY REG. DIST. NO. 3006 Registrar's No. 107

1. PLACE OF DEATH a. COUNTY <u>Boone</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Boone</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Columbia</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Columbia</u>	
c. LENGTH OF STAY (in this place) <u>16 hrs.</u>		d. STREET ADDRESS (If rural, give location) <u>401 DAK</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Boone County Hospital</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Glen</u> b. (Middle) <u>—</u> c. (Last) <u>Richardson</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>March 15, 1956</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>Negro</u>		7. MARRIED , NEVER MARRIED, <input checked="" type="checkbox"/> WIDOWED, DIVORCED (Specify)	
8. DATE OF BIRTH <u>March 14, 1956</u>		9. AGE (in years last birthday) <u>16</u>		IF UNDER 1 YEAR Months Days Hours Mins.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Columbia, Missouri</u>	
12. CITIZEN OF WHAT COUNTRY? <u>America</u>					

13a. FATHER'S NAME <u>None</u>		13b. MOTHER'S MAIDEN NAME <u>Charlene Verdellia Richardson</u>		14. NAME OF HUSBAND OR WIFE <u>None</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)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Charlene Richardson</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Premature birth 3 weeks</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 day</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b)			
DUE TO (c)		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Marked immaturity</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 7:00 9/15, 1956, to 6:30am 9/15, 1956, that I last saw the deceased alive on 9/15, 1956, and that death occurred at 6:30am m., from the causes and on the date stated above.

23a. SIGNATURE <u>Ray B Lewis M.D.</u> (Degree or title)			23b. ADDRESS <u>909 University, Columbia</u>			23c. DATE SIGNED <u>3-16-56</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Mar. 17-1956</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Belvoir</u>		24d. LOCATION (City, town, or county) (State) <u>Columbia, Mo.</u>		
DATE REC'D BY LOCAL REG. <u>Mar. 17, 1956</u>		REGISTRAR'S SIGNATURE <u>Mrs. R E Palmer</u>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Stuart R. Parker Columbia, Mo.</u>			

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

31-0

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 not _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Stuart D. Parker _____

Licensed Embalmer No. 2900 _____

P. O. Address Columbia, 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 this body is not embalmed, fact should be so stated above.