

FILED APR 23 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **14060**

BIRTH NO. _____		REG. DIST. NO. 212		PRIMARY REG. DIST. NO. 5780		Registrar's No. 13			
1. PLACE OF DEATH a. COUNTY Miller				2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission). a. STATE Missouri b. COUNTY Miller					
b. CITY OR TOWN Eldon		c. LENGTH OF STAY (in this place) _____		c. CITY OR TOWN Eldon		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION Rt. 1				e. STREET ADDRESS (If rural, give location) Rt. 1					
3. NAME OF DECEASED (Type or Print) ROY WASHINGTON RICHARDSON			a. (First) ROY			b. (Middle) WASHINGTON			
			c. (Last) RICHARDSON			4. DATE OF DEATH Apr. 11, 1956			
5. SEX Male		6. COLOR OR RACE Colored		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Jan. 9, 1890			
						9. AGE (In years last birthday) 66			
						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) Farm Laborer				10b. KIND OF BUSINESS OR INDUSTRY _____					
11. BIRTHPLACE (City and State or Foreign Country) Miller Co., Mo.				12. CITIZEN OF WHAT COUNTRY? USA					
13a. FATHER'S NAME Moses Richardson			13b. MOTHER'S MAIDEN NAME Lucinda Hite			14. NAME OF HUSBAND OR WIFE Elizebeth Richardson			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes			16. SOCIAL SECURITY NO. None			17. INFORMANT'S SIGNATURE OR NAME Elizebeth Richardson			
(If yes, give year or dates of service) W.W. I						ADDRESS Eldon			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis				INTERVAL BETWEEN ONSET AND DEATH 5 minutes	
				ANTECEDENT CAUSES Morbidity 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.									
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) 4201			
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? _____			
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 9:45A m., from the causes and on the date stated above.									
23a. SIGNATURE L.S. Humphreys D.O. Coroner					23b. ADDRESS Lucasburg, Missouri		23c. DATE SIGNED 4-13-56		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Apr. 15-56		24c. NAME OF CEMETERY OR CREMATORY Greenridge		24d. LOCATION (City, town, or county) (State) Eldon, Missouri			
DATE REC'D BY LOCAL REG. Apr. 14, 1956			REGISTRAR'S SIGNATURE Calveretta Walker			25. FUNERAL DIRECTOR'S SIGNATURE & ADDRESS Louis S. Phillips Eldon			

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

APR 17 REC'D

MILLER COUNTY HEALTH
DEPARTMENT

APR 25 1955

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 Louis D. Phillins, Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Louis D. Phillins

Licensed Embalmer No. 366

P. O. Address Eldon

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.