

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

22642

FILED JUN 29 1956

State File No. _____

BIRTH NO. _____		REG. DIST. NO. 375		PRIMARY REG. DIST. NO. 6281		Registrar's No. _____		
1. PLACE OF DEATH a. COUNTY <u>Wright</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Wright</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural - Van Buren Twp</u>		c. LENGTH OF STAY (In this place) <u>1 1/2 LIFE</u>		c. CITY OR TOWN <u>Mtn. Grove</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION				e. STREET ADDRESS (If rural, give location) <u>515 WEST FIRST ST.</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>BATTON</u> b. (Middle) <u>Frank</u> c. (Last) <u>Richardson</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>6/25/1956</u>					
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>3/18/1893</u>		
9. AGE (In years last birthday) <u>63</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 1 YEAR Hours _____ Min. _____		IF UNDER 24 HRS. Hours _____ Min. _____		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>REAL ESTATE BROKER</u>			10b. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (City and State or Foreign Country) <u>TENNESSEE</u>		
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			13a. FATHER'S NAME <u>Marion Richardson</u>		13b. MOTHER'S MAIDEN NAME <u>SALLIE TICE</u>		14. NAME OF HUSBAND OR WIFE <u>EFFIE Richardson</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>YES World War I</u>			16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs EFFIE Richardson</u> ADDRESS <u>Mtn. Grove</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION					INTERVAL BETWEEN ONSET AND DEATH	
<p>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Embolism</u> <u>Sudden</u>					10 yrs	
		ANTECEDENT CAUSES DUE TO (b) <u>Arterio Sclerosis</u>					2 yrs	
		DUE TO (c) <u>Hypertension</u>						
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 <u>4201</u>					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>4-20</u> , 19 <u>56</u> to <u>6-1</u> , 19 <u>56</u> that I last saw the deceased alive on <u>6-1</u> , 19 <u>56</u> and that death occurred at <u>8:30 P. m.</u> , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>W. A. Craig D.O.</u>				23b. ADDRESS <u>Mountain Grove</u>		23c. DATE SIGNED <u>6-27-56</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>6/29/1956</u>		24c. NAME OF CEMETERY OR CREMATORY <u>HILL CREST CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>Mtn. Grove, Mo</u>		
DATE REC'D BY LOCAL REG. <u>6-29-56</u>		REGISTRAR'S SIGNATURE <u>Edgar H. Bridges</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>J. H. Barber</u> ADDRESS <u>Mo. Grove, Mo</u>				

(Licensed Embalmer - Statement on Reverse Side)

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

JUL 17 1956

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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.....

George Stoffe

Licensed Embalmer No. *3161*.....

P. O. Address *Wm. L. ...*.....

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.