

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **23927**

FILED JUL 25 1956

2895

BIRTH NO. _____		REG. DIST. NO. <u>199</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. _____			
1. PLACE OF DEATH a. COUNTY JACKSON				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI				b. COUNTY JACKSON	
b. CITY (If outside corporate limits, write RURAL and give town(ship)) OR TOWN KANSAS CITY			c. LENGTH OF STAY (in this place) 3 YRS		c. CITY OR TOWN KANSAS CITY		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
d. FULL NAME OF HOSPITAL OR INSTITUTION WHEATLEY HOSPITAL				e. STREET ADDRESS (If rural, give location) 1113 E 12th St.				316 80	
3. NAME OF DECEASED (Type or Print)			a. (First) ROBERT		b. (Middle) _____		c. (Last) RICHARDSON		
4. DATE OF DEATH			(Month) JUNE		(Day) 29th		(Year) 1956		
5. SEX MALE		6. COLOR OR RACE NEGRO		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH JULY 14th 1916		9. AGE (In years last birthday) 39	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) baker		10b. KIND OF BUSINESS OR INDUSTRY Bakery		11. BIRTHPLACE (City and State or Foreign Country) Arkansas			12. CITIZEN OF WHAT COUNTRY? U S A		
13a. FATHER'S NAME ROBERT RICHARDSON			13b. MOTHER'S MAIDEN NAME BERTHA JEFFERSON			14. NAME OF HUSBAND OR WIFE MARY RICHARDSON			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. 430-30-7698		17. INFORMANT'S SIGNATURE OR NAME Mary Richardson				ADDRESS 1113 E 12th St. K. C.	
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) Shock						INTERVAL BETWEEN ONSET AND DEATH	
		ANTECEDENT CAUSES DUE TO (b) Hemothorax Right							
		DUE TO (c) Multiple Complete Fractures of Ribs							
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Internal Hemorrhage						E 8114 28	
19a. DATE OF OPERATION 6/29/56		19b. MAJOR FINDINGS OF OPERATION Ruptured Right Kidney, &						20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 12th & Lydia Ave		21c. (CITY, TOWN, OR TOWNSHIP) Kansas City		(COUNTY) Jackson, Mo.		(STATE)	
21d. TIME OF INJURY June 26 1956 4:30 P.M.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? Traffic Auto + Street car					
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 _____ m., from the causes and on the date stated above.									
23a. SIGNATURE J. M. Tillman <i>Deputy Coroner</i>				23b. ADDRESS 1618 Lydia Ave		23c. DATE SIGNED 7/9/56			
24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		24b. DATE JULY 3rd 56		24c. NAME OF CEMETERY OR CREMATORY Pine Bluff Ark Cem		24d. LOCATION (City, town, or county) Pine Bluff Ark		(State)	
DATE REC'D BY LOCAL REG. 7-3-56		REGISTRAR'S SIGNATURE Neve Minshel		25. FUNERAL DIRECTOR'S SIGNATURE Adkins Funeral Home			ADDRESS Kansas City, Mo.		

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

J. M. Tillman

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 *Kenneth R. Ford*.....

Licensed Embalmer No. *443*.....

P. O. Address *W. C. M.*.....

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.