

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **25785**

*L. P. McCann*  
FILED AUG 8 - 1956

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 360 PRIMARY REG. DIST. NO. 3076 Registrar's No. 157

1. PLACE OF DEATH a. COUNTY <u>Vernon</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Vernon</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Nevada</u>		c. CITY OR TOWN <u>Nevada</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <u>50 yrs</u>		e. STREET ADDRESS (If rural, give location) <u>429 W. Arch</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Nevada City Hosp.</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Jermiana</u> b. (Middle) <u>Blanche</u> c. (Last) <u>Richardson</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>7-29-1956</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>Wht</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>	8. DATE OF BIRTH <u>Dec 19-1874</u>
9. AGE (In years last birthday) <u>83</u>		IF UNDER 1 YEAR Months <u>7</u> Days <u>10</u>	IF UNDER 24 HRS. Hours <u>10</u> Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Deputy County Clerk</u>		10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (City and State or Foreign Country) <u>Rockville, Mo.</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>Joseph L. Richardson</u>	
13b. MOTHER'S MAIDEN NAME <u>Mary Jane Wilson</u>		14. NAME OF HUSBAND OR WIFE <u>None</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>J.R. Fisher</u> ADDRESS <u>7941 Juniper KC Mo</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, asthma, etc. It means the disease, injury, or complication which caused death.</i>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cachexia</u>		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <u>Generalized Carcinomatosis</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		DUE TO (c) <u>Primary cancer of rectum</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 July 27, 1956, to July 29, 1956, that I last saw the deceased alive on July 29, 1956, and that death occurred at 8:41 Pm., from the causes and on the date stated above.

23a. SIGNATURE <u>L. P. McCann</u> (Degree or title) <u>M. D.</u>	23b. ADDRESS <u>Moore Building, Nevada, Missouri</u>	23c. DATE SIGNED <u>7-31-56</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>7-31-1956</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Deswood Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Nevada</u>
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DATE REC'D BY LOCAL REG. <u>8-1-1956</u>	REGISTRAR'S SIGNATURE <u>Amos E. Ferry</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Wm. J. Universal Service Co., Mo.</u>	ADDRESS <u>Nevada</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

4510

0572

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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 *H. H. Marmaduke*.....

Licensed Embalmer No. *2070*.....

P. O. Address *Wada, Ill.*

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.