

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

25804

FILED JUL 24 1956

State File No. ....

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Registrar's No. 61

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. \_\_\_\_\_ PRIMARY REG. DIST. NO. \_\_\_\_\_

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

1. PLACE OF DEATH a. COUNTY <u>Waymon</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Lawrence</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Washington Twp</u>		c. LENGTH OF STAY (in this place) <u>3yr 1M 16 days</u>	c. CITY OR TOWN <u>Miller</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>State Aspt No 3</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
e. STREET ADDRESS (If rural, give location) <u>R.R. 5 - 0530</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>J.</u>	b. (Middle) <u>R.</u>	c. (Last) <u>Richardson</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>July 17 1956</u>
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>	8. DATE OF BIRTH <u>2-22-1878</u>
9. AGE (In years last birthday) <u>78</u>	IF UNDER 1 YEAR (Months) <u>14</u>	IF UNDER 24 HRS. (Days) (Hours) (Min.) <u>20</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Laborer</u>	11. BIRTHPLACE (City and State, or Foreign Country) <u>Mo. McDonald Co</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>James Franklin Richardson</u>	13b. MOTHER'S MAIDEN NAME <u>Julia Marney</u>	14. NAME OF HUSBAND OR WIFE <u>None</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) <u>Unknown</u>	16. SOCIAL SECURITY NO. <u>Unknown</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Records - State Aspt 3</u>	ADDRESS <u>Neubuda</u>
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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Myocarditis</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>Generalized Arteriosclerosis</u>  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.		INTERVAL BETWEEN ONSET AND DEATH <u>3 yrs</u> <u>4 yrs</u>
19a. DATE OF OPERATION <u>None</u>	19b. MAJOR FINDINGS OF OPERATION <u>None</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>None</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>None</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>None</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>None</u>	21e. INJURY OCCURRED WHILE AT WORK? <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>None</u>	
22. I hereby certify that I attended the deceased from <u>10/26</u> , 19 <u>53</u> , to <u>July 17</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>July 16</u> , 19 <u>56</u> , and that death occurred at <u>1:24 p.m.</u> from the causes and on the date stated above.			
23a. SIGNATURE <u>J. Wheeler Woggett M.D.</u> (Degree or title)	23b. ADDRESS <u>State Aspt No 3</u>	23c. DATE SIGNED <u>7-17-56</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>7-17-1956</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Round Grove</u>	24d. LOCATION (City, town, or county) (State) <u>N. W. 7 Miller Mo</u>
DATE REC'D BY LOCAL REG. <u>7-19-1956</u>	REGISTRAR'S SIGNATURE <u>Armed &amp; Furry</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Morris - Simon Miller Mo</u> ADDRESS _____	

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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 *E. R. Seiman*.....

Licensed Embalmer No... *3297*...

P. O. Address... *Miller*...

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.