

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **31323**

FILED OCT 15 1956

BIRTH NO. _____		REG. DIST. NO. 389		PRIMARY REG. DIST. NO. 3039		Registrar's No. 181		
1. PLACE OF DEATH a. COUNTY Linn				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) --a. STATE Mo b. COUNTY Linn				
b. CITY (If outside corporate limits, write RURAL and give township) Marceline		c. LENGTH OF STAY (in this place) _____		c. CITY OR TOWN Brookfield		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>		
d. FULL NAME OF HOSPITAL OR INSTITUTION 225 E. Bolker				e. STREET ADDRESS (If rural, give location) 314 Sanford 0580				
3. NAME OF DECEASED (Type or Print) CARL SAMUEL RICHARDSON			a. (First)		b. (Middle)		c. (Last)	
4. DATE OF DEATH Sept-27-1956		(Month) (Day) (Year)		5. SEX M		6. COLOR OR RACE Wh.		
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) M		8. DATE OF BIRTH July-3-1896		9. AGE (In years last birthday) 60		10. UNDER 1 YEAR 2 MONTHS 24 DAYS		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Shoemaker		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) Brookfield Mo		12. CITIZEN OF WHAT COUNTRY? U. S. A.		
13a. FATHER'S NAME Carl Richardson		13b. MOTHER'S MAIDEN NAME Elva E. Stewart		13c. NAME OF HUSBAND OR WIFE Francis Richardson				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 487-015371		17. INFORMANT'S SIGNATURE OR NAME Francis Richardson ADDRESS Brookfield Mo				
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) Pulmonary INTERVAL BETWEEN ONSET AND DEATH 3 days ANTECEDENT CAUSES: Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Metastatic carcinoma DUE TO (c) Obstruction in abdomen. II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Multiple skin metastasis.						
19a. DATE OF OPERATION None		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 7-21 , 19 56 , to 9-27 , 19 56 , that I last saw the deceased alive on 9-27 , 19 56 ; and that death occurred at 6:00 p.m. from the causes and on the date stated above.								
23a. SIGNATURE Dr. B. B. ...		(Degree or title) MD		23b. ADDRESS Brookfield Mo.		23c. DATE SIGNED 9/27/56.		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 9-29-56		24c. NAME OF CEMETERY OR CREMATORY Rose Hill		24d. LOCATION (City, town, or county) (State) Brookfield Mo		
DATE REC'D BY LOCAL REG. 9-29-56		REGISTRAR'S SIGNATURE Brookie Owens		25. FUNERAL DIRECTOR'S SIGNATURE J. H. Blacklock ADDRESS Brookfield Mo				

(Licensed Embalmer's Statement on Reverse Side)

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

530

1957 FEB 27 839

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 *J. H. Blacklock*.....

Licensed Embalmer No. *2246*
P. O. Address *Brookfield, W.*

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.