

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

FILED SEP 24 1956

State File No. 31476

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

BIRTH NO. _____		REG. DIST. NO. <u>229</u>		PRIMARY REG. DIST. NO. <u>5809</u>		Registrar's No. <u>54</u>	
1. PLACE OF DEATH a. COUNTY <u>Montgomery</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Kansas City Mo</u> b. COUNTY <u>Jackson Co</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Danville Twn</u>		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN <u>Kansas City Mo</u>		d. In 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 <u>Highway # 40</u>				e. STREET ADDRESS (If rural, give location) <u>710 west 10 th street 31181</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Aaron</u>			b. (Middle) <u>Watts</u>		c. (Last) <u>Richardson</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>9-14-56</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>7-II-1912</u>		9. AGE (In years last birthday) <u>45</u> IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 24 HRS: Hours _____ Mins _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Salesman</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) / <u>Tenn</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A</u>	
13a. FATHER'S NAME <u>Un Known</u>			13b. MOTHER'S MAIDEN NAME <u>Un Known</u>		14. NAME OF HUSBAND OR WIFE <u>Betty Richardson</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknowns) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>408003-6512</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Drivers license and Social Security card in his pockets</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) _____ ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (b) _____ DUE TO (c) _____				II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>	
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) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>H. Way 40</u>		21c. (CITY, TOWN, OR TOWNSHIP) <u>AD</u> (COUNTY) (STATE) <u>Montgomery County</u>		21f. HOW DID INJURY OCCUR? <u>Automobile Accident crushed head & broken neck</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>9-14-56</u> m.		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>					
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 (Degree or title) <u>L. E. Robertson Coroner</u>				23b. ADDRESS <u>Montgomery City Mo</u>		23c. DATE SIGNED <u>9-14-56</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>9-16-56</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Rose Hill</u>		24d. LOCATION (City, town, or county) (State) <u>Breckenridge Mo</u>	
DATE REC'D BY LOCAL REG. <u>9-14-56</u>		REGISTRAR'S SIGNATURE <u>Laura B. Cullerway</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Emil Michal</u>		ADDRESS <u>Breckenridge</u>	

NOV 2 1956

NOV 2 1956

OCT 5 1956

SEP 25 1956

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 on the 14 th day of Sept. 1956, Student Embalmer No.

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....
C. W. Hopkins

Licensed Embalmer No. 1487

Montgomery City MO
P. O. Address

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.