

No. 300
10-48

FILED JAN 7 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1072

BIRTH NO. _____ REG. DIST. NO. 133 PRIMARY REG. DIST. NO. 3022 Registrar's No. 20

1. PLACE OF DEATH a. COUNTY <u>Harrison</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Harrison</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Bethany</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Bethany</u>	
c. LENGTH OF STAY (in this place) <u>40 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>Home St</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Rich Hospital</u> <u>6 hrs.</u>			

3. NAME OF DECEASED a. (First) <u>Aleen</u> b. (Middle) <u>Richardson</u> c. (Last) <u>Richardson</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>1-3-1957</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>4-13-1878</u>
9. AGE (In years last birthday) <u>78</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Nurse</u>	11. BIRTHPLACE (State or foreign country) <u>Harrison County Mo</u>
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>

13a. FATHER'S NAME <u>James S. Magee</u>	13b. MOTHER'S MAIDEN NAME <u>Josephine Nelson</u>	14. NAME OF HUSBAND OR WIFE <u>William W. Richardson</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give year or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>do not know</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Katherine McWhiney</u> ADDRESS <u>Mo</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.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Peritonitis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>36 hrs</u> <u>3 days</u>
	ANTECEDENT CAUSES - Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Monstrous Thrombosis</u>		
	DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? <u>Yes</u> <input type="checkbox"/> <u>No</u> <input checked="" type="checkbox"/>
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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) <u>5702</u> _____
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 12-24, 1956 to 1-3, 1957, that I last saw the deceased alive on 1-3, 1957, and that death occurred at 5 pm., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>William M. Thoenig MD</u>	23b. ADDRESS <u>Bethany Mo</u>	23c. DATE SIGNED <u>1-4-57</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Buried</u>	24b. DATE <u>1-5-1957</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Ridgeway</u>
24d. LOCATION (City, town, or county) (State) <u>Ridgeway Mo</u>		

DATE REC'D BY LOCAL REG. <u>1-5-56</u>	REGISTRAR'S SIGNATURE <u>Bola Burris</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Mrs. J. J. J. J.</u> ADDRESS <u>Bethany Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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 _____

working under my personal supervision.

Student Embalmer No.

Signed.....

J. M. H. Lee

Signed.....
Student Embalmer

Licensed Embalmer No. 3899

P. O. Address Bethany, Mo.

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 this body is not embalmed, fact should be so stated above.