No. 300
0.48

FILED MAY 23 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

'57 0 1 7 5 4 6
State File No.

BIRTH NO. _____ REG. DIST. NO. 150 PRIMARY REG. DIST. NO. 4240 Registrar's No. 90

1. PLACE OF DEATH
a. COUNTY: Jackson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blue Springs
c. LENGTH OF STAY (In this place): 2ys
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1105 East Knox

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo
b. COUNTY: Jackson ✓
c. CITY OR TOWN: Blue Springs
d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐
e. STREET ADDRESS (If rural, give location): 1105 East Knox 7000

3. NAME OF DECEASED (Type or Print)
a. (First): Melvina
b. (Middle): Ruth
c. (Last): Richardson

4. DATE OF DEATH (Month) (Day) (Year): May 4 1957

5. SEX: FM
6. COLOR OR RACE: Wh
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Nov 2 1892
9. AGE (In years last birthday): 64 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House wife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and State or Foreign Country): Blue Springs . Mo 0
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME: Francis M Scott
13b. MOTHER'S MAIDEN NAME: Hanna Ring
14. NAME OF HUSBAND OR WIFE: John M Richardson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.: 491-20-4334
17. INFORMANT'S SIGNATURE OR NAME: Francis Richardsan — ADDRESS: Blue Springs 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cerebral encephalomalacia — 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): Cerebral thrombosis — Aug 1956
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: 332X
20. AUTOPSY? YES ☐ NO ☐ 0

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) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 4/3 *19*57 *to* 5/4/ *19*57, *that I last saw the deceased alive on* 5/4/57, *19*__, *and that death occurred at* 4:55 *A.M., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): C J Leith MD 0
23b. ADDRESS: 1010 Pry Bldg KC Mo
23c. DATE SIGNED: 5/4/57

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 5-6-1957
24c. NAME OF CEMETERY OR CREMATORY: Blue Springs
24d. LOCATION (City, town, or county) (State): Blue Springs Mo

DATE REC'D BY LOCAL REG.: 5-6-1957
REGISTRAR'S SIGNATURE: N B Langford
25. FUNERAL DIRECTOR'S SIGNATURE: Webb Funeral Home — ADDRESS: Blue Springs Mo

(Licensed Embalmer's Statement on Reverse Side)

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

3

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was eml

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed R B Webb

Licensed Embalmer No. 2 3

P. O. Address Blue spr

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F
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.