

STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER

FILED AUG 19 1957

Registration District No. 132

Primary Registration District No. 3021

Registrar's No. 151

1. PLACE OF DEATH a. COUNTY <b>Grundy</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Grundy</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Trenton</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>Trenton</b> 24228 Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>109 E. Caswader</b>		Length of stay in lb <b>2 days.</b>	d. STREET ADDRESS (If outside, give location) <b>400 E 4th St.</b> Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <b>OSA</b> Middle <b>L.</b> Last <b>Richardson</b>			4. DATE OF DEATH Month <b>Aug</b> Day <b>5</b> Year <b>1957</b>
5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Dec 16, 1879</b>
9. AGE (In years and birthday) <b>77</b>		IF UNDER 1 YEAR Months <b>7</b> Days <b>7</b>	IF UNDER 24 HRS. Hours <b>7</b> Min. <b>7</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Railroad machinist.</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Railroad.</b>	11. BIRTHPLACE (City and state or country) <b>Grundy county, Mo</b>
12. CITIZEN OF WHAT COUNTRY? <b>USA.</b>		13a. FATHER'S NAME <b>Alpheus M. Richardson</b>	
13b. MOTHER'S MAIDEN NAME <b>Louisa Tate</b>		14. NAME OF HUSBAND OR WIFE <b>Ollie Bernard Richardson</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>709-14-2810</b>	17. INFORMANT Address <b>Ollie Richardson Trenton, Mo.</b>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>arterio Sclerosis</b>			INTERVAL BETWEEN ONSET AND DEATH <b>1 year</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			
PART II: OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>4500</b>			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour _____ Month, Day, Year _____ a.m. _____ p.m. _____			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE
21. I attended the deceased from <b>Aug 25-57</b> to <b>Aug 6-57</b> and last saw her alive on <b>Aug 3-57</b> Death occurred at <b>1.45 P</b> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>E.A. Duffy M.D.</b> (Degree or title)		22b. ADDRESS <b>Trenton Mo</b>	22c. DATE SIGNED <b>Aug 7-57</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>Aug 7, 1957</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Maple Grove cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>Trenton Missouri</b>
24. FUNERAL DIRECTOR <b>Gordon Blackmore</b> ADDRESS <b>Trenton, Mo</b>		25. DATE RECD. BY LOCAL REG. <b>8-7-57</b>	26. REGISTRAR'S SIGNATURE <b>Drenee Fair</b>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

Dr. E.A. Duffy

JUG 20 1957

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 *Claude H. Brandal*

Licensed Embalmer No. *4986*

P. O. Address. *Union*

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.