

FILED NOV 1 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

36096  
STATE FILE NUMBER  
Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4676

3. 300  
1-57

1. PLACE OF DEATH a. COUNTY <b>jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Kansas City</b>		c. CITY OR TOWN <b>Kansas City</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Trinity Lutheran Hosp</b>		d. STREET ADDRESS (If outside, give location) <b>3000 Michigan</b>	
3. NAME OF DECEASED (Type or print) First Middle Last <b>Harrison Alexander Richardson</b>		4. DATE OF DEATH Month Day Year <b>Oct. 8, 1957</b>	
5. SEX <b>M.</b>	6. COLOR OR RACE <b>W.</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Jan. 23, 1899</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Manager</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Clothing Store</b>	11. BIRTHPLACE (City and state or country) <b>Clinton Mo.</b>
13a. FATHER'S NAME <b>George Richardson</b>		13b. MOTHER'S MAIDEN NAME <b>Neppie Johnson</b>	14. NAME OF HUSBAND OR WIFE <b>Lillian 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>486-09-8939</b>	17. INFORMANT Address <b>Lillian Richardson 3000 Michigan K. C. 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>Right Heart Failure</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <b>Pulmonary Emphysema</b> DUE TO (c) <b>Bronchial Asthma.</b> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Carcinoma of Colon</b>			INTERVAL BETWEEN ONSET AND DEATH <b>24 1/2 H</b>
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 <input type="checkbox"/> NOT WHILE 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>Sept 29, 1957</b> to <b>Oct 8, 1957</b> and last saw <sup>her</sup> <sub>him</sub> alive on <b>Oct 8, 1957</b> Death occurred at <b>9:40</b> <b>A</b> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <b>Otto W. Theel M.D.</b>		22b. ADDRESS <b>4301 Main St. K.C. Mo.</b>	22c. DATE SIGNED <b>10-9-57</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>10/10/57</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Mt Moriah</b>	23d. LOCATION (City, town, or county) (State) <b>Kansas City Mo.</b>
24. FUNERAL DIRECTOR ADDRESS <b>Stine &amp; McClure K. C. Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>10-9-57</b>	26. REGISTRAR'S SIGNATURE <b>Newa Marshall</b>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
MEDICAL CERTIFICATION  
Otto W. Theel

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.



Dec. 1-31-1919  
will be in office at 1:00 p.m.

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 Edna O. Tipton .....

Licensed Embalmer No. 4817 .....

P. O. Address Kansas City, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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