

FILED NOV 18 1957

STANDARD CERTIFICATE OF DEATH

39331

STATE FILE NUMBER

Registration District No. 42 Primary Registration District No. 1000 Registrar's No. 1220

1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Daviess</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR <u>St. Joseph</u> TOWN		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Winston</u> 100 Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>State Hosp.#2</u>		Length of stay in lb <u>17 months</u>	d. STREET ADDRESS (rural) (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>Walker</u> Middle <u>T.</u> Last <u>Richardson</u>			4. DATE OF DEATH Month <u>11</u> Day <u>5</u> Year <u>1957</u>
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>January 23, 1877</u>
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>farm</u>	9. AGE (In years last birthday) <u>80</u> IF UNDER 1 YEAR Months Days Hours Min.
11. BIRTHPLACE (City and state or country) <u>Breckenridge, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13. FATHER'S NAME <u>unknown</u>		14. MOTHER'S MAIDEN NAME <u>unknown</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT Address <u>Records, State Hosp.#2, St. Joseph, Mo.</u>
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Hypostatic Pneumonia</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>Fracture neck of right femur</u> } DUE TO (c) <u>Generalized arteriosclerosis</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (g)			INTERVAL BETWEEN ONSET AND DEATH <u>2 WKS.</u> <u>5 1/2 wks.</u> <u>10 yrs.</u>
20a. ACCIDENT <input checked="" 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.) <u>Patient fell on floor on ward</u>	
20c. TIME OF INJURY Hour <u>unknown</u> a. m. <u>9</u> Month, Day, Year <u>9 29 1957</u>		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <u>Ward, State Hosp.#2</u>		20f. CITY, TOWN, OR LOCATION <u>St. Joseph Buchanan Missouri</u>	
21. I attended the deceased from <u>June, 1957</u> , to <u>November 5, 1957</u> and last saw her alive on <u>8:00 am</u> Death occurred at <u>9:45</u> a. m. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>Mohammad Sabir M.D.</u>		22b. ADDRESS <u>State Hospital #2, St. Joseph</u>	22c. DATE SIGNED <u>11-5-57</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>removal</u>	23b. DATE <u>11/5/1957</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Clear Creek Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Jamesport Daviess Missouri</u>
24. FUNERAL DIRECTOR ADDRESS <u>Heaton-Boyman St. Joseph, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>Nov. 12, 1957</u>	26. REGISTRAR'S SIGNATURE <u>Mrs. Robert Fulton</u>

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.....
William Spelling

Licensed Embalmer No. 4535

P. O. Address 3195 10th

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.