

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

42515

State File No. ....

FILED DEC 10 1957

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 11618

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Oklahoma		b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN) St. Louis, Missouri		c. LENGTH OF STAY (in this place) 52 days		c. CITY OR TOWN Tulsa	
d. FULL NAME OF HOSPITAL OR INSTITUTION 41 Frisco Employees		e. STREET ADDRESS 33 2128 So. Phoenix		f. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Loyd</u> b. (Middle) c. (Last) <u>Richison</u>		4. DATE OF DEATH (Month) 12 (Day) 3 (Year) 57			
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 7-28-1902	9. AGE (In years last birthday) 55	IF UNDER 1 YEAR Months IF UNDER 4 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Blacksmith		10b. KIND OF BUSINESS OR INDUSTRY Railroad		11. BIRTHPLACE (City and State or Foreign Country) Ft. Smith, Ark	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Pank Richison		13b. MOTHER'S MAIDEN NAME Ava Humes	
14. NAME OF HUSBAND OR WIFE Ettle Owens		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.	
17. INFORMANT'S SIGNATURE OR NAME Wife -		ADDRESS 2128 S. Phoenix - Tulsa - Ark			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinomatosis with metastasis to cervical nodes</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) DUE TO (c) <u>1982.</u>		INTERVAL BETWEEN ONSET AND DEATH <u>9 mo.</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>Biopsies in March &amp; August 57</u>		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
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)		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 <u>Oct 13</u> , 19 <u>57</u> , to <u>Dec 3</u> , 19 <u>57</u> , that I last saw the deceased alive on <u>Dec 9</u> , 19 <u>57</u> , and that death occurred at <u>1:40 A.M.</u> , from the causes and on the date stated above.					
23a. SIGNATURE <u>Norman Miller MD</u>		(Degree or title) 23b. ADDRESS <u>4960 Laclède</u>		23c. DATE SIGNED <u>12-3-57</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE <u>12-3-57</u>		24c. NAME OF CEMETERY OR CREMATORY Rosehill,	
24d. LOCATION (City, town, or county) (State) Tulsa, Oklahoma		DATE REC'D BY LOCAL REG. DEC 3 57		REGISTRAR'S SIGNATURE <u>Carl Smith MD</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Albert H. Hoppe</u>		ADDRESS 4700 Washington Blvd.			

m 86

DEC 12 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 *Robert M. Murray*  
Licensed Embalmer No. *2749*  
P. O. Address *St. Louis 9*

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.

ISSUED  
NO 2749