

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-029476
STATE FILE NUMBER

Registration District No. 159 Primary Registration District No. 5591 Registrar's No. 34

FILED SEP 4 1958

1. PLACE OF DEATH a. COUNTY <u>Jefferson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Jefferson</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Central Twp.</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>De Soto</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Hiway 21</u>		Length of stay in 1b <u>ACCIDENT</u>	d. STREET ADDRESS (If outside, give location) <u>115 No. 5th St.</u>
3. NAME OF DECEASED: First <u>Perry</u> Middle <u>Ellis</u> Last <u>Richardson</u>			4. DATE OF DEATH Month <u>Aug.</u> Day <u>31</u> Year <u>1958</u>
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</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>July 6 - 1917</u>
9. AGE (In years last birthday) <u>41</u>		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) <u>UNION REPRESENTATIVE LABOR UNION</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>LABOR UNION</u>	11. BIRTHPLACE (City and state or country) <u>Plattin, Mo.</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>John T. Richardson</u>	
13b. MOTHER'S MAIDEN NAME <u>Virgil ANN Perry</u>		14. NAME OF HUSBAND OR WIFE <u>Dorothy Richardson</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes W.W.2</u>		16. SOCIAL SECURITY NO. <u>490-05-0125</u>	17. INFORMANT <u>Dorothy Richardson - De Soto, 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>SKULL FRACTURE</u>			INTERVAL BETWEEN ONSET AND DEATH
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)			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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>Single car Auto Accident.</u>	
20c. TIME OF INJURY Hour _____ Month, Day, Year _____ a.m. _____ p.m. _____		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>650</u>	
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20f. CITY, TOWN, OR LOCATION <u>Valle Jefferson Mo.</u>	
21. I attended the deceased from <u>Inquest</u> to _____ and last saw her/him alive on _____ Death occurred at <u>5:00 A.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>James E. Palmer, D.C. Coroner</u>		22b. ADDRESS <u>Festa Mo</u>	
22c. DATE SIGNED <u>8/31/58</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		23b. DATE <u>9-2-58</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>WOODLAWN</u>		23d. LOCATION (City, town, or county) (State) <u>De Soto Mo.</u>	
24. FUNERAL DIRECTOR <u>J. Lee Mothershead</u>		25. DATE RECD. BY LOCAL REG. <u>9-3-58</u>	
ADDRESS <u>De Soto, Mo.</u>		26. REGISTRAR'S SIGNATURE <u>Oleta Gardner Reg</u>	

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI

DATE RECEIVED

MAY 27 1963

SEP 3 1958

VS MAY 20 1960

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

VS JUL 13 1960

Signed *J Lee Mathershead*

Licensed Embalmer No. *3531*

P. O. Address *He Soto, 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.