

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-047305  
STATE FILE NUMBER

**FILED JAN 19 1959** Registration District No. 374 Primary Registration District No. 6294 Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY <u>Worth County Missouri</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Wodaway</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) Inside Limits OR TOWN <u>Green Township</u> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN <u>Parnell</u> <u>0740</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>2-mile-west of Oxford- none</u>		d. STREET ADDRESS (If outside, give location) <u>none</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>John</u> Middle <u>Elmer</u> Last <u>Richardson</u>		4. DATE OF DEATH Month <u>December</u> Day <u>28</u> Year <u>1958</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>April-23-1894</u>
10a. 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>farmer</u>	9. AGE (In years last birthday) <u>64</u> IF UNDER 1 YEAR Months <u>8</u> Days <u>5</u> IF UNDER 24 HRS. Hours <u> </u> Min. <u> </u>
11. BIRTHPLACE (City and state or country) <u>Worth County</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>John Thomas Richardson</u>		14. MOTHER'S MAIDEN NAME <u>Anna Robinson</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service) <u>none</u>		16. SOCIAL SECURITY NO. <u>500-07-3974</u>	
17. INFORMANT <u>Cora Richardson Parnell Missouri</u>		Address _____	
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, depressed; Crushing chest injury</u> With fractured ribs and clavicle fractures left foot Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			INTERVAL BETWEEN ONSET AND DEATH <u>None</u>
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"/> <u>2</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>Auto accident, driver, was thrown from car when it hit a "frosted" area on blacktop road</u>		
20c. TIME OF INJURY Hour <u>9:30</u> a. m. <u> </u> Month <u>12</u> Day <u>28</u> Year <u>58</u>	20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <u>state blacktop road 5mi. West of Worth, Worth, Mo</u>		
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20f. CITY, TOWN, OR LOCATION <u>113</u> COUNTY <u> </u> STATE <u> </u>		
21. I attended the deceased from <u>DOA</u> to _____ and last saw her/him alive on _____ Death occurred at <u>9:30 a</u> _____ m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>Frank B. Matteson</u> (Degree or title) <u>3</u>		22b. ADDRESS <u>GRANT CITY, MO</u>	
22c. DATE SIGNED <u>12/20/58</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <u>Dec 31-58</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Pairie Chapel Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Denver Mo</u>
24. FUNERAL DIRECTOR <u>John Anderson Grant City Mo</u> ADDRESS _____		25. DATE RECD. BY LOCAL REG. <u>Jan 14 1959</u>	26. REGISTRAR'S SIGNATURE <u>Bowdoy Kibbe</u>

(Licensed Embalmer's Statement on Reverse Side)

300  
1-56

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

345

JAN 26 1959

FEB 17 1961

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 John Andrews, Student Embalmer No. \_\_\_\_\_, working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed John Andrews

Licensed Embalmer No. 421

P. O. Address Grant Co.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (If 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.