Dr. Lanning

Health, Welfare Public Service

300
1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-002121
STATE FILE NUMBER 12

FILED JAN 28 1959 Registration District No. 209 Primary Registration District No. 3043 Registrar's No.

1. PLACE OF DEATH
a. COUNTY: Marion
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only): Hannibal — Inside Limits Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): St. Elizabeth — Length of stay in 1b:

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Marion
c. CITY OR TOWN: Hannibal — Inside Limits Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location): 608 So. Main — Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First: Paul Middle: V. Last: Richardson

4. DATE OF DEATH Month Day Year: 1/16/1959

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED [X] **NEVER MARRIED** [ ] **WIDOWED** [ ] **DIVORCED** [ ]

8. DATE OF BIRTH: 12/3/1903

9. AGE (In years last birthday): 55 — 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): Shoeworker

10b. KIND OF BUSINESS OR INDUSTRY: Bluff Plant

11. BIRTHPLACE (City and state or country): Shelbina, Missouri

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME: Charles Richardson

13b. MOTHER'S MAIDEN NAME: Bertha Vanswergin

14. NAME OF HUSBAND OR WIFE: Elsie Richardson

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT Address: Mrs. Elsie Richardson, 608 S. Main Hannibal, Mo.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Myocardial Infarct — INTERVAL BETWEEN ONSET AND DEATH: 2 weeks
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Pulmonary Infarct — 2 weeks
DUE TO (c):
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Chronic Myocarditis 4261

19. WAS AUTOPSY PERFORMED? YES [X] NO [ ] 1

20a. ACCIDENT [ ] **SUICIDE** [ ] **HOMICIDE** [ ]
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK [ ] **NOT WHILE AT WORK** [ ]
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 Jan 8, 1959, to Jan. 16, 1959 and last saw ~~her~~ him alive on Jan 15, 1959
Death occurred at 12:20 A.M. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Robert F. Lanning (Degree or title) MD
22b. ADDRESS Hannibal Mo
22c. DATE SIGNED 1/16/59

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 1/19/59
23c. NAME OF CEMETERY OR CREMATORY: Mt. Olivet Cemetery
23d. LOCATION (City, town, or county) (State): Hannibal, Mo.

24. FUNERAL DIRECTOR ADDRESS: H.M.O'Donnell, Hannibal, Mo.
25. DATE RECD. BY LOCAL REG.: 1-19-1959
26. REGISTRAR'S SIGNATURE: Dr E M Luckey H.C. Fisher

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED JAN 2 6 1959
MARION CO. HEALTH DEPT.
DATE FILED

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 H M O'Donnell

Licensed Embalmer No. 3889

P. O. Address Hannibal, 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.