

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-002644

STATE FILE NUMBER

FILED JAN 27 1959

Registration District No. 316

Primary Registration District No. 6075

Registrar's No. 200079

300
1-57

1. PLACE OF DEATH a. COUNTY St Francois		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before death) a. STATE Missouri b. COUNTY St Francois	
b. CITY (If outside corporate limits: TOWNSHIP) OR TOWN Farmington - Rural Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN Bonne Terre 67410	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Mineral Area Osteopathic Length of stay in 1b		d. STREET ADDRESS (If outside, give location) 15 Park Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) S M I T H, A . R I C H A R D S O N First Middle Last			4. DATE OF DEATH Jan: 16, 1959 Month Day Year		
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> 3 DIVORCED <input checked="" type="checkbox"/>	8. DATE OF BIRTH Oct 17, 1885	9. AGE (In years last birthday) 73	IF UNDER 1 YEAR Months 2 Day 29	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Prospector	10b. KIND OF BUSINESS OR INDUSTRY Drilling	11. BIRTHPLACE (City and state or country) Bonne Terre, Mo.	12. CITIZEN OF WHAT COUNTRY? U S A
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13a. FATHER'S NAME John Wm Richardson:	13b. MOTHER'S MAIDEN NAME Nancy Ann Buchanan	14. NAME OF HUSBAND OR WIFE *
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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. 498 05 6995	17. INFORMANT Address Leona Waller (Sister) St Louis, Mo.
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Apoplexy		INTERVAL BETWEEN ONSET AND DEATH 2 day
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Hypertension & arteriosclerosis	DUE TO (c) 	
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 334X	

20a. ACCIDENT <input 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.)
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20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.

20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE
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21. I attended the deceased from Jan 14, 1959 to Jan 16, 1959 and last saw her/him alive on Jan 12, 1959 Death occurred at St. Louis on the date stated above; and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE R. M. Stanfield (Degree or title)	22b. ADDRESS Farmington	22c. DATE SIGNED 1/19/59
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Jan 18 1959	23c. NAME OF CEMETERY OR CREMATORY Marvin Chapel Cem.	23d. LOCATION (City, town, or county) (State) Bonne Terre, Mo.
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24. FUNERAL DIRECTOR ADDRESS BOYER & SON Bonne Terre, Mo.	25. DATE RECD. BY LOCAL REG. Jan. 23, 1959	26. REGISTRAR'S SIGNATURE Erther Rudloff
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

FEB 17 1959

FEB 9 1959

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

B. T. Boyer
Licensed Embalmer No. 3660
P. O. Address Desloge, 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.