

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-009805

FILED MAR 18 1959

Registration District No. 146

Primary Registration District No. 3026

STATE FILE NUMBER

Registrar's No. 119

1. PLACE OF DEATH

a. COUNTY

JACKSON

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

JACKSON

b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only)

INDEPENDENCE

Inside Limits
Yes No

c. CITY OR TOWN

INDEPENDENCE

Inside Limits
Yes No

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION

SANITARIUM

Length of stay in 1b

30 yrs

d. STREET ADDRESS (If outside, give location)

1125 WEST WALNUT

Reside on Farm
Yes No

3. NAME OF DECEASED (Type or print)

HENRY

First

RICHARDSON

Last

4. DATE OF DEATH

MARCH 10, 1959

Month

Day

Year

5. SEX

MALE

6. COLOR OR RACE

White

7. MARRIED NEVER MARRIED

WIDOWED DIVORCED

8. DATE OF BIRTH

April 10, 1874

9. AGE (In years)

85

IF UNDER 1 YEAR IF UNDER 24 HRS

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, or if retired)

LANDSCAPE GARDENER

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)

Bradford, England

12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME

CHARLES RICHARDSON

13b. MOTHER'S MAIDEN NAME

ELLEN GREEN

14. NAME OF HUSBAND OR WIFE

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.

496-09-4611A

17. INFORMANT

FRANK P. BENSON JR.

Address

INDEPENDENCE, MISSOURI

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Pneumonia

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)

493X

INTERVAL BETWEEN ONSET AND DEATH

One week

19. WAS AUTOPSY PERFORMED?

YES NO

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 Month, Day, Year
a.m. p.m.

20d. INJURY OCCURRED WHILE AT 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 _____ to _____ and last saw him alive on _____
Death occurred at _____ on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title)
Dr. Grabske & Link

22b. ADDRESS
10901 Winner, Indep., Mo.

22c. DATE SIGNED
3-12-59

23a. BURIAL, CREMATION, OR OTHER DISPOSITION (Specify)

23b. DATE

23c. NAME OF CEMETERY OR CREMATORY

23d. LOCATION (City, town, or county)

(State)

BURIAL

MARCH 13, 1959

MOUND GROVE

INDEPENDENCE, MO.

24. FUNERAL DIRECTOR

ADDRESS

INDEP. Mo.

25. DATE RECD. BY LOCAL REG.

3-13-59

26. REGISTRAR'S SIGNATURE

JAMES H. GAIN

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 *Rollie Fessel*

Licensed Embalmer No. *4690*
P. O. Address *Indep. 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.