

DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH
FILED VS AUG 11 1959

59-024709
 STATE FILE NUMBER

Registration District No. 120 Primary Registration District No. _____ Registrar's No. 74

1. PLACE OF DEATH a. COUNTY <u>Gentry</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Gentry</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Stoberny</u>		Length of stay in 1b <u>Lifetime</u>	c. CITY OR TOWN <u>Stoberny</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>Harmony Hill Rest Home</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>W. Alonches St.</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last <u>Mrs Stella Margaret Richardson</u>			4. DATE OF DEATH Month Day Year <u>7. 28. 1959</u>			
5. SEX <u>F</u>	6. COLOR OR RACE <u>W.</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>11/7/80</u>	9. AGE (last birthday) <u>78</u>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>at Home</u>		11. BIRTHPLACE (City and state or country) <u>Gentry Co. Mo U.S.A.</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
13a. FATHER'S NAME <u>Benjamin Lewis</u>		13b. MOTHER'S MAIDEN NAME <u>Larna Coffey</u>		14. NAME OF HUSBAND OR WIFE (Deceased) <u>Paeph Richardson</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>488-14-4082</u>		17. INFORMANT Address <u>Mrs. Dorothy BAKER - Stoberny, 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>arteriosclerotic Cardiovascular disease</u>		INTERVAL BETWEEN ONSET AND DEATH <u>years</u>
DUE TO (b) <u>unknown</u>		
DUE TO (c)		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Minory infection, chronic; arteriosclerotic Cerebro-vascular disease</u>		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	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.)	
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. → attended the deceased from 9-13-1954 to 7-27-59 and last saw her alive on 7-27-59
 Death occurred at 12:30 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <u>Clair L. Carlin MD</u>	22b. ADDRESS <u>Stoberny, Missouri</u>	22c. DATE SIGNED <u>7-30-59</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>7/31/59</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Jennings Center</u>	23d. LOCATION (City, town, or county) (State) <u>Stoberny, Mo. 7 Miles. MO.</u>
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24. FUNERAL DIRECTOR <u>Phillip Montoy</u>	ADDRESS <u>Stoberny, Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>8-31-59</u>	26. REGISTRAR'S SIGNATURE <u>Mrs. L. W. Bare</u>
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DOCUMENT
MEDICAL CERTIFICATION
BY AFFIDAVIT OF

