

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-025823
STATE FILE NUMBER

FILED VS AUG 5 1959

Registration District No. 178 Primary Registration District No.

Registrar's No. 65

S. 300
v. 1-57

1. PLACE OF DEATH a. COUNTY Lewis			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Lewis		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Monticello		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Monticello		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION At home		Length of stay in lb Life	d. STREET ADDRESS (If outside, give location) None		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last Charles Phillip Richardson			4. DATE OF DEATH Month Day Year July 21, 1959		
5. SEX Male	6. COLOR OR RACE Black	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Jan. 10, 1939	9. AGE (In years last birthday) 20	IF UNDER 1 YEAR Months Days 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Monticello, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Walter E. Richardson		13b. MOTHER'S MAIDEN NAME Eulah Mae Tate		14. NAME OF HUSBAND OR WIFE Single	
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. None	17. INFORMANT Address 110. Walter E. Richardson, Monticello,		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Status Epilepticus					INTERVAL BETWEEN ONSET AND DEATH 14 hrs
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____					
DUE TO (c) 3532					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Life Long Epileptic - Feeble minded -					19. WAS AUTOPSY PERFORMED? 2 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 3532		COUNTY STATE
21. I attended the deceased from 21 July 1959 to 21 July 59. and last saw ^{her} _{him} live on 21 July 59. Death occurred at DOR m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE John W Wells (Degree or title) D.D.			22b. ADDRESS Lewistown Mo		22c. DATE SIGNED 27 July 59.
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE July 25, '59.	23c. NAME OF CEMETERY OR CREMATORY Monticello Cemetery		23d. LOCATION (City, town, or county) (State) Monticello, Lewis Co. No	
24. FUNERAL DIRECTOR Carl H. Buckley, (Canton, Mo.) ADDRESS		25. DATE RECD. BY LOCAL REG. 7-30-59		26. REGISTRAR'S SIGNATURE Mrs. Henry Lloyd	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

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.

AUG 11 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 *Earl H. Buckley*

Licensed Embalmer No. *7615*

P. O. Address *Canton, Md.*

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.