

R I DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-032548

FILED VS SEP 25 1959

149

Registration District No. Primary Registration District No. 1002 Registrar's No.

4391

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <i>Jackson</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before a. STATE <i>Washington</i> b. COUNTY <i>Inshonish</i> address)	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Kansas City</i>		Length of stay in 1b <i>1/2 hr</i>	c. CITY OR TOWN <i>Everett</i> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>Union Station</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <i>3531 Colby</i> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last <i>GEORGE T RICHARDSON</i>			4. DATE OF DEATH Month Day Year <i>9 9 59</i>
5. SEX <i>M</i>	6. COLOR OR RACE <i>W</i>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <i>9-26-05</i>
9. AGE (last birthday) <i>53</i>		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) <i>Proprietor</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Clean &amp; pressing</i>	11. BIRTHPLACE (City and state or country) <i>Jasper, Ala</i>
12. CITIZEN OF WHAT COUNTRY <i>U.S.</i>		13a. FATHER'S NAME <i>J. B. Richardson</i>	13b. MOTHER'S MAIDEN NAME <i>Frances Wright</i>
14. NAME OF HUSBAND OR WIFE <i>Thelma</i>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO. <i>465-20-0811</i>		17. INFORMANT <i>Thelma Richardson</i> Address <i>Everett Washington</i>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Coronary Occlusion</i>			INTERVAL BETWEEN ONSET AND DEATH
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)			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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 a.m. p.m. Month, Day, Year	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
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>Joseph H. Owens</i> (Degree or title)		22b. ADDRESS <i>1034 Riata Bldg</i>	22c. DATE SIGNED <i>9-9-59</i>
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Removal</i>	23b. DATE <i>9-9-59</i>	23c. NAME OF CEMETERY OR CREMATOR	23d. LOCATION (City, town, or county) (State) <i>Everett Washington</i>
24. FUNERAL DIRECTOR <i>Sebbites</i>	ADDRESS <i>KC. Mo</i>	25. DATE RECD. BY LOCAL REG. <i>9-9-59</i>	26. REGISTRAR'S SIGNATURE <i>neva minihall</i>

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

FEB 9 1960

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed Forrest D. Goldensow

Licensed Embalmer No. 4714

P. O. Address K. P. W.

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.