

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

60-011425

FILED VS MAR 23 1960

Registration District No. 5575 Primary Registration District No. 7 Registrar's No.

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Jackson									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Rural Washington		Length of stay in lb 12 Yrs		c. CITY OR TOWN Kansas City		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>							
c. FULL NAME OF THE NOT in hospital, give location) HOSPITAL OR INSTITUTION 5208 Red Bridge Rd			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 5208 Red Bridge Rd		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First Glenn Franklin Middle Richardson Last Sr.				4. DATE OF DEATH Month 3 Day 15 Year 60									
5. SEX Male		6. COLOR OR RACE White		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 11-12-16		9. AGE (last birthday) 43		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) Sales Manager				10b. KIND OF BUSINESS OR INDUSTRY Used Car Dept		11. BIRTHPLACE (City and state or country) Kansas		12. CITIZEN OF WHAT COUNTRY USA					
13a. FATHER'S NAME Leo Richardson				13b. MOTHER'S MAIDEN NAME Hazel Smith				14. NAME OF HUSBAND OR WIFE Maxine					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give way or dates of service) Yes WW # 2				16. SOCIAL SECURITY NO. 511 01 2574		17. INFORMANT Maxine Richardson, 5208 Red Bridge				Address			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Occlusion DUE TO (b) _____ DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.										INTERVAL BETWEEN ONSET AND DEATH			
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 checked="" 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 approx 7:00 PM on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE (Degree or title) Hugh H Owens Coroner						22b. ADDRESS 1034 Rialto Bldg				22c. DATE SIGNED 3-17-60			
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 3-19-60		23c. NAME OF CEMETERY OR CREMATORY Memorial Lawn				23d. LOCATION (City, town, or county) (State) Emporia, Kansas					
24. FUNERAL DIRECTOR E.K. George & Sons Inc, Grandview, Mo.				25. DATE RECD. BY LOCAL REG. 3-17-60		26. REGISTRAR'S SIGNATURE Stirling Sadler							

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

NO. 10
MAR 25 1960
10
NEW
1960
NO. 10
JAN 10
1960

MAY 8 1960

STATEMENT BY LICENSED EMBALMER

MAR 25 1960

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 *Sterling E. Laddard*
Licensed Embalmer No. 4911

P. O. Address *Grandview*

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.