

URI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-018738

FILED VS JUN 8 1960 73

STATE FILE NUMBER

Registration District No. 5291 Primary Registration District No. 62 Registrar's No.

ENDED

1. PLACE OF DEATH a. COUNTY <i>Clay</i>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Mo.</i> b. COUNTY <i>Clinton</i>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Liberty</i>		Length of stay in 1b <i>4 Mo.</i>	c. CITY OR TOWN <i>Gower, Mo</i>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>I.O.O.F. Hospital</i>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <i>2 Mi. S.E. of Gower</i>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <i>Mary</i> Middle <i>Louise</i> Last <i>Richardson</i>			4. DATE OF DEATH Month <i>5</i> Day <i>28</i> Year <i>1960</i>			
5. SEX <i>Female</i>	6. COLOR OR RACE <i>Wh.</i>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <i>June 1, 1876</i>	9. AGE (last birthday) <i>83</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>Housewife</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Home Maker</i>	11. BIRTHPLACE (City and state or country) <i>Windsor, Mo</i>	12. CITIZEN OF WHAT COUNTRY <i>U.S.A.</i>		
13a. FATHER'S NAME <i>Andrew Wilson</i>		13b. MOTHER'S MAIDEN NAME <i>Ruth Mahurin</i>		14. NAME OF HUSBAND OR WIFE <i>C.W. Richardson</i>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>No</i>		16. SOCIAL SECURITY NO. <i>None</i>	17. INFORMANT Address <i>Mrs Roy Bentley 1231 W 61 Jav K.C. Mo.</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>Arteriosclerosis</i> DUE TO (b) _____ DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. 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 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 1b.)				
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 <i>April 9</i> to <i>May</i> and last saw her <i>alive</i> on <i>May 28</i> Death occurred at <i>11:20 a.m.</i> on the date stated above, and to the best of my knowledge, from the causes stated.						
22a. SIGNATURE (Degree or title) <i>Wm J. Goodson M.D.</i>			22b. ADDRESS <i>Liberty Mo</i>		22c. DATE SIGNED <i>5/28/60</i>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	23b. DATE <i>May 29, 1960</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Allen Cemetery</i>	23d. LOCATION (City, town, or county) (State) <i>Gower Mo.</i>			
24. FUNERAL DIRECTOR <i>Clarence E. Hipson</i>		ADDRESS <i>Gower Mo.</i>	25. DATE RECD. BY LOCAL REG. <i>June 1-1960</i>	26. REGISTRAR'S SIGNATURE <i>Mabel Graham</i>		

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

JUN 10 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 Donald R Butcher

Licensed Embalmer No. 4957

P. O. Address Trimble, Pa

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform 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.

[Handwritten notes and scribbles at the bottom of the page]