

JURY DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-021433

FILED VS JUN 6 1960 318 Primary Registration District No. 1003 Registrar's No. 5548 STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Perry	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis	Length of stay in 1b	c. CITY OR TOWN Perryville	Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Louis-Little Rock Hospital Inc.		d. STREET ADDRESS (If outside, give location) 217 N. Walnut St.	Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Roland Ronald Middle Daniel Last Richardson			4. DATE OF DEATH Month May Day 27 Year 1960	
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5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 1-4-1943	9. AGE (last birthday) 17	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Not employed	10b. KIND OF BUSINESS OR INDUSTRY None	11. BIRTHPLACE (City and state or country) St. Louis, Missouri.	12. CITIZEN OF WHAT COUNTRY U.S.A.
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13a. FATHER'S NAME Noel Richardson	13b. MOTHER'S MAIDEN NAME Wilma Williams	14. NAME OF HUSBAND OR WIFE Never married
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No Nil	16. SOCIAL SECURITY NO. None	17. INFORMANT Noel Richardson, 217 No. Walnut Street, Perryville, Missouri.
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Hydrocephalus		INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) CONGENITAL CYST OF 4th VENTRICLE	
	DUE TO (c) 753.1	

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	
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19. WAS AUTOPSY PERFORMED? YES <input checked="" 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 18.)
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20c. TIME OF INJURY Hour 5:00 A Month, Day, Year May 15, 1960	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 Perryville, Missouri	20g. COUNTY Perry	20h. STATE Missouri
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21. I attended the deceased from May 15, 1960 to May 27, 1960 and last saw him alive on MAY 27 Death occurred at 5:00 A m on the date stated above, and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE <i>Greg E. Howells, M.D.</i>	22b. ADDRESS 1755 S. Grand Blvd.	22c. DATE SIGNED May 27 1960
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23a. BURIAL, CREMATION REMOVAL (Specify) Removal	23b. DATE 5/27/60	23c. NAME OF CEMETERY OR CREMATORY Home Cemetery	23d. LOCATION (City, town, or county) Perryville, Missouri.
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24. FUNERAL DIRECTOR Albert H. Hoppe, Inc., 4700 Washington Blvd.,	25. DATE RECD. BY LOCAL REG. MAY 28 1960	26. REGISTRAR'S SIGNATURE <i>Carl Smith, M.D.</i>
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(Licensed Embalmer's Statement on Reverse Side)

BY AFFIDAVIT OF Funeral Director MEDICAL CERTIFICATION DOCUMENT

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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

Binkley

Licensed Embalmer No. *3053*

P. O. Address *St Louis*

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.

JUN 7 1960