# RI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

-60-042959

STATE FILE NUMBER

FILED VS NOV 23 1960 2 54

Registration District No. 2 54 Primary Registration District No. 4385 Registrar's No. 53

DED

1. PLACE OF DEATH
a. COUNTY Oregon
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Koshkonong
Length of stay in Ib 12 years
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION
Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Oregon
c. CITY OR TOWN Koshkonong
Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location)
Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First Vina Middle C. Last Richardson

4. DATE OF DEATH Month November Day 8 Year 1960

5. SEX Female
6. COLOR OR RACE White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH 8-5-1880
9. AGE (last birthday) 80
IF UNDER 1 YEAR Months 3 Days 5
IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY Domestic
11. BIRTHPLACE (City and state or country) Lawrence Co. Mo.
12. CITIZEN OF WHAT COUNTRY U. S. A.

13a. FATHER'S NAME Henry Wilks
13b. MOTHER'S MAIDEN NAME Mary Parson
14. NAME OF HUSBAND OR WIFE Frank Richardson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. -
17. INFORMANT Frank Richardson Address Koshkonong, Mo.

MEDICAL CERTIFICATION

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
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
DUE TO (c)
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. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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 ☐ NOT WHILE AT WORK ☐
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 1958, to 1960 and last saw her/him alive on 11-7-60

Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE J. Walker M.D. (Degree or title)
22b. ADDRESS Mammoth Spring Ark
22c. DATE SIGNED 11-12-60

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 11-13-1960
23c. NAME OF CEMETERY OR CREMATORY Lee Cemetery
23d. LOCATION (City, town, or county) (State) Verona, Missouri

24. FUNERAL DIRECTOR ADDRESS Carter Funeral Home, West Plains, Mo.
25. DATE RECD. BY LOCAL REG. 11-13-1960
26. REGISTRAR'S SIGNATURE Arthur Wolff

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by r

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Leland Carter

Signature of Student Embalmer

Licensed Embalmer No. 4516

P. O. Address West Plains

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