

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-009332

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

AMENDED

Registration District No. 146 Primary Registration District No. 3026 Registrar's No. 177

FILED APR 14 1961

1. PLACE OF DEATH a. COUNTY <b>JACKSON</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MISSOURI</b> COUNTY <b>JACKSON</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>INDEPENDENCE</b>		Length of stay in lb <b>6 Years</b>	c. CITY OR TOWN <b>INDEPENDENCE</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>1423 West 28th Terr.</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>1423 West 28th Terr.</b> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last <b>SEWELL ARCHIBALD RICHARDSON</b>			4. DATE OF DEATH Month Day Year <b>APRIL 1st, 1961</b>			
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> <b>MARRIED</b>	8. DATE OF BIRTH <b>7/30/90</b>	9. AGE (last birthday) <b>70 Years</b>	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) <b>RETIRED RAILWAY EXPRESS</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>DARLINGTON, MO.</b>	11. BIRTHPLACE (City and state or country) <b>U.S.A.</b>	12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>
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13a. FATHER'S NAME <b>ROBERT RICHARDSON</b>	13b. MOTHER'S MAIDEN NAME <b>LEVISA RICHARDSON</b>	14. NAME OF HUSBAND OR WIFE <b>MORA M. RICHARDSON</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <b>NO</b>		16. SOCIAL SECURITY NO. <b>NO</b>
17. INFORMANT <b>MRS. MORA M. RICHARDSON</b> Address <b>1423 W. 28th Terrace, Indep. Mo.</b>		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH <b>24 hours</b> <b>7 years</b>
IMMEDIATE CAUSE (a)	<b>Acute Pneumonitis</b>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	<b>Cerebral Arteriosclerosis</b>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Multiple Senes Decubiti</b>		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 Month, Day, Year a.m. p.m.	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		STATE

21. I attended the deceased from <b>1-17-57</b> to <b>4-1-61</b> and last saw her alive on <b>3-8-61</b> Death occurred at <b>9:15 P.</b> m on the date stated above, and to the best of my knowledge, from the causes stated.		
22a. SIGNATURE <b>Robert L. Hard, M.D.</b> (Degree or title)	22b. ADDRESS <b>4126 St John</b>	22c. DATE SIGNED <b>4-3-61</b>

23a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	23b. DATE <b>APR. 4, 1961</b>	23c. NAME OF CEMETERY OR CREMATORY <b>MT. MORIAH CEMETERY</b>	23d. LOCATION (City, town, or county) (State) <b>KANSAS CITY MISSOURI</b>
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24. FUNERAL DIRECTOR <b>D. W. NEWCOMER'S SONS</b>	ADDRESS <b>1351 BRUSH CREEK</b>	25. DATE RECD. BY LOCAL REG. <b>4-4-61</b>	26. REGISTRAR'S SIGNATURE <b>James S. Craig, Deputy</b>
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(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED

INSTEAD OF THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

APR 13 1961

**STATEMENT BY LICENSED EMBALMER**

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

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Chester K Brown

Licensed Embalmer No. 4931

P. O. Address KE MO.

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.