

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-026318

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 294 Primary Registration District No. 3056 Registrar's No. 659

STATE FILE NUMBER

TE B AMENDED  
DATE AMENDED  
AMENDMENTS ON THIS RECORD ARE AS FOLLOWS  
INSTEAD OF  
DOCUMENT  
MEDICAL CERTIFICATION  
BY AFFIDAVIT OF  
ITEM NO. SHOULD READ

**FILED JUL 31 1961**

1. PLACE OF DEATH  
 a. COUNTY Randolph  
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Moberly Length of stay in lb 2 weeks  
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Woodland Hospital Inside Limits Yes  No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
 a. STATE Missouri b. COUNTY Randolph  
 c. CITY OR TOWN Rural--near Darksville Inside Limits Yes  No   
 d. STREET ADDRESS (If outside, give location) Rural--West of Darksville Reside on Farm Yes  No

3. NAME OF DECEASED (Type or print) First Middle Last 4. DATE OF DEATH Month Day Year  
Fleabious J. Richardson July 18 1961

5. SEX male 6. COLOR OR RACE white 7. Married  Never Married  Widowed  Divorced  8. DATE OF BIRTH 3-23-1880 9. AGE (last birthday) 81 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) farming 10b. KIND OF BUSINESS OR INDUSTRY farming 11. BIRTHPLACE (City and state or country) Chariton Co., Missouri 12. CITIZEN OF WHAT COUNTRY United States

13a. FATHER'S NAME B.H. Richardson 13b. MOTHER'S MAIDEN NAME Martha Jane Conrad 14. NAME OF HUSBAND OR WIFE Mrs. Annie Richardson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no 16. SOCIAL SECURITY NO. none 17. INFORMANT Address Clifton Hill Mrs. Annie Richardson: R.R.#1: Missouri

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)  
 PART I. DEATH WAS CAUSED BY:  
 IMMEDIATE CAUSE (a) Acute Myocardial Infarction  
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Coronary Sclerosis  
 DUE TO (c) \_\_\_\_\_  
 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 June 28, '61 to July 18, '61 and last saw her him alive on July 18, '61  
 Death occurred at 11 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Willie Henry, M.D. 22b. ADDRESS W. 20th, Mo 22c. DATE SIGNED 7/21/61

23a. BURIAL, CREMATION, REMOVAL (Specify) burial 23b. DATE 7-20-1961 23c. NAME OF CEMETERY OR CREMATORY Darksville Cemetery 23d. LOCATION (City, town, or county) (State) Darksville, Missouri

24. FUNERAL DIRECTOR ADDRESS Tom B. Patton, Huntville, Mo 25. DATE RECD. BY LOCAL REG. 7-20-61 26. REGISTRAR'S SIGNATURE Rebecca

NOV 10 1967

**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 Tom B Patton

Licensed Embalmer No. 3914

P. O. Address Huntville  
MD

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.