

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-027979

AMENDED

Registration District No. 322 Primary Registration District No. 3071 Registrar's No. 23  
 FILED AUG 14 1961

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <b>Saline</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> COUNTY <b>Saline</b>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Slater</b>		Length of stay in 1b <b>Most of life</b>		c. CITY OR TOWN <b>Slater</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>308 S. Emerson St.</b>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <b>308 S. Emerson St.</b> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <b>HENRY</b> Middle <b>GARFIELD</b> Last <b>RICHARDSON</b>			4. DATE OF DEATH Month <b>Aug.</b> Day <b>3</b> Year <b>1961</b>			
5. SEX <b>Male</b>	6. COLOR OR RACE <b>Negro</b>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <b>5/1/1884</b>	9. AGE (last birthday) <b>77</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>Laborer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>None</b>	11. BIRTHPLACE (City and state or country) <b>Saline County, Mo.</b>		12. CITIZEN OF WHAT COUNTRY <b>USA</b>	
13a. FATHER'S NAME <b>Harry Richardson</b>		13b. MOTHER'S MAIDEN NAME <b>Nancy Davidson</b>		14. NAME OF HUSBAND OR WIFE <b>None</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>-----</b>	17. INFORMANT Address <b>Lannie Washington, Slater, Mo.</b>		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Carcinoma of testis</b> DUE TO (b) <b>Generalized arteriosclerosis</b> DUE TO (c) <b>Hypertensive Cardiovascular disease</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.					INTERVAL BETWEEN ONSET AND DEATH <b>6 wks.</b>	
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 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		COUNTY STATE	
21. I attended the deceased from <b>May 15, 1961</b> to <b>Aug. 3, 1961</b> and last saw <b>him</b> alive on <b>July 23, 1961</b> Death occurred at <b>8 A.m</b> on the date stated above, and to the best of my knowledge, from the causes stated.						
22a. SIGNATURE (Degree or title) <i>Dr. Nelson Suarez</i>			22b. ADDRESS <b>M. D. 313 1/2 N. Main st. Slater, Mo.</b>		22c. DATE SIGNED <b>8/4/1961</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>8/6/1961</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Mount Moriah</b>		23d. LOCATION (City, town, or county) (State) <b>Slater, Missouri</b>		
24. FUNERAL DIRECTOR ADDRESS <b>Haines Funeral Home, Slater, Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>8-6-1961</b>	26. REGISTRAR'S SIGNATURE <i>Thos. Raymond Brame</i>			

(Licensed Embalmer's Statement on Reverse Side)

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

NAME OF DECEASED

SEX

AGE

RESIDENCE

DATE OF DEATH

X

DATE OF BURIAL

10-1

TIME OF DEATH

PLACE OF BURIAL

CAUSE OF DEATH

BY WHOM

BY WHOM

BY WHOM

PLACE OF DEATH

**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 Walter J. Haines, Jr.

DATE OF DEATH

DATE OF DEATH

DATE OF DEATH

Licensed Embalmer No. 4557

P. O. Address Slater, 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.