

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-028627

AMENDED Registration District No. 64 Primary Registration District No. 5247 Registrar's No. 32 STATE FILE NUMBER

FILED AUG 21 1961

DATE AMENDED  
INSTEAD OF  
BY AFFIDAVIT OF  
ITEM NO. SHOULD READ

1. PLACE OF DEATH a. COUNTY <b>Chariton</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Chariton</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Salisbury Township</b>		Length of stay in 1b <b>few hours</b>	c. CITY OR TOWN <b>Prairie Hill</b> Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>5 Mi. No. of Salisbury</b>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>East Main</b> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last <b>John Milam Richardson</b>			4. DATE OF DEATH Month Day Year <b>Aug. 11 1961</b>
5. SEX <b>male</b>	6. COLOR OR RACE <b>wh.</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>June 27, 1880</b>
9. AGE (last birthday) <b>81 yrs</b>		IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>retired farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>general farming</b>	11. BIRTHPLACE (City and state or country) <b>Chariton Co., Mo.</b>
12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>		13a. FATHER'S NAME <b>Solomon Milam Richardson</b>	
13b. MOTHER'S MAIDEN NAME <b>Amanda Fawks</b>		14. NAME OF HUSBAND OR WIFE <b>Ida Lusher 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>none</b>	17. INFORMANT Address <b>Mrs. Milam Richardson, Prairie Hill, 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>Traumatic Shock.</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Fractured Cervical Vertebrae</b> DUE TO (c) <b>Accident</b>			INTERVAL BETWEEN ONSET AND DEATH <b>10 minutes</b>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>None</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 checked="" 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.) <b>Truck ran over patient.</b>	
20c. TIME OF INJURY Hour a.m. p.m. <b>12 p.m.</b>		Month, Day, Year <b>8/11/61</b>	
20d. INJURY OCCURRED WHILE AT WORK <input checked="" 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.) <b>farm</b>	20f. CITY, TOWN, OR LOCATION <b>Salisbury</b>
		COUNTY <b>Chariton</b>	STATE <b>Missouri</b>
21. I attended the deceased from <b>8-11-61</b> to <b>8-11-61</b> and last saw him alive on <b>8-11-61</b> Death occurred at <b>12:25</b> P.m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <b>George D. Berry</b>		22b. ADDRESS <b>Salisbury, Missouri</b>	22c. DATE SIGNED <b>8-14-61</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>	23b. DATE <b>8/14/61</b>	23c. NAME OF CEMETERY OR CREMATORY <b>New Prairie Hill Cem.</b>	23d. LOCATION (City, town, or county) (State) <b>Prairie Hill, Mo.</b>
24. FUNERAL DIRECTOR <b>Chas. B. Winkelmeier, Salisbury, Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>Aug 14, 1961</b>	26. REGISTRAR'S SIGNATURE <b>Donald W. Berry</b>

**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 Chas B Winckelmeier

Licensed Embalmer No. 3842

P. O. Address Salisbury, 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.