

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-034060

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 5862 Primary Registration District No. 4097 Registrar's No. 164

FILED OCT 8 1962

VS 300
Rev. 4/59

10142

20192A

3

4 1

5 0

6

7 0

8 0

9774X

10

11

12 1-2

13 2-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Cass		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Cass	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Harrisonville		Length of stay in 1b 2 days	c. CITY OR TOWN Harrisonville Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Memorial Hospital Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First SUSAN Middle RENEE Last RICHARDSON			4. DATE OF DEATH Month Oct. Day 5 Year 1962
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 10/3/1962
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none		10b. KIND OF BUSINESS OR INDUSTRY none	9. AGE (last birthday) IF UNDER 1 YEAR: Months 2 Days 2 IF UNDER 24 HR: Hours 2 Min. 0
11. BIRTHPLACE (City and state or country) Harrisonville, Mo.		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME George Robert Richardson		13b. MOTHER'S MAIDEN NAME Roma Minecke	14. NAME OF HUSBAND OR WIFE none
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 George R. Richardson Freeman, Mo. Address
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pulmonary Adema Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Premature 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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			INTERVAL BETWEEN ONSET AND DEATH 2da
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 _____ a.m. _____ p.m. Month, Day, Year _____			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION Harrisonville, Mo COUNTY _____ STATE _____	
21. I attended the deceased from Oct 3 to Oct 5 and last saw ^{her} him alive on Oct 5, 1962 Death occurred at 8:15 A M on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>A. E. Funch</i> (Degree or title)		22b. ADDRESS Harrisonville, Mo	22c. DATE SIGNED 10/6/62
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 10/5/1962	23c. NAME OF CEMETERY OR CREMATORY Glenwild Cemetery	23d. LOCATION (City, town, or county) (State) West Line, Missouri
24. FUNERAL DIRECTOR Atkinson Dickey Harrisonville, Mo. ADDRESS		25. DATE RECD. BY LOCAL REG. 10-6-62	26. REGISTRAR'S SIGNATURE <i>Ray J. Sebree</i>

USE BLACK INK OR TYPEWRITER RIBBON

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 *Richard W. Tolson*

Licensed Embalmer No. 492

Richard W. Tolson
Address

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.