

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-034091

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 68 Primary Registration District No. 4118 Registrar's No. 47

FILED SEP 24 1962

VS 300
Rev. 4/59

1 0220
2 0220
3 2
4 0
5 2
6
7 0
8 0
9 1992
10
11
12 1290-2
13 1-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

ITEM NO. SHOULD READ

USE BLACK INK OR TYPEWRITER RIBBON

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Christian		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Christian	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Sparta, Mo City Length of stay in lb 30 Yrs		c. CITY OR TOWN Sparta, Mo Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Residence Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) City Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED First Middle Last William J Richardson			4. DATE OF DEATH Month - Day Year Aug. 31, 1962
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 10/12/1892 9. AGE (last birthday) 69
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Christian Co, Mo 12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME Abraham L Richardson		13b. MOTHER'S MAIDEN NAME Mary Johnson	
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.	
		17. INFORMANT Address James E Richardson, Sparta, Mo	
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 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Hemorrhage DUE TO (c) Cancer			INTERVAL BETWEEN ONSET AND DEATH
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 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 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 January 1, 1962 to August 31, 62 and last saw him alive on Aug. 31, 1962 Death occurred at 8/31/62 5:40 P on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Sign as title) <i>Robert Nelson</i>		22b. ADDRESS Sparta, Missouri	22c. DATE SIGNED 9-14-62
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 9/3/62	23c. NAME OF CEMETERY OR CREMATORY Monger	23d. LOCATION (City, town, or county) (State) Christian Mo
24. FUNERAL DIRECTOR ADDRESS T. B. Chaddin Ozark, Mo		25. DATE RECD. BY LOCAL REG. Sept. 17, 1962	26. REGISTRAR'S SIGNATURE <i>Mary Kaufman</i>

STATE OF OHIO

SEP 25 1962

Permit obtained, Sept. 1, 1962

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 D. B. Chaffin

Licensed Embalmer No. 2192

P. O. Address Cynth. rd

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.

M. K.