

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 68 Primary Registration District No. 5260 Registrar's No. 65

STATE FILE NUMBER =62-041970

DO NOT WRITE ON THIS STUB

AMENDED

VS 300  
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

<p><b>FILED NOV 26 1962</b></p>		<p>1. PLACE OF DEATH</p> <p>a. COUNTY <u>Christian</u></p>		<p>2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)</p> <p>a. STATE <u>Mo</u> b. COUNTY <u>Christian</u></p>		
<p>b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Oldfield</u></p>		<p>Length of stay in lb <u>Life time</u></p>		<p>c. CITY OR TOWN <u>Oldfield</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>		
<p>c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>1/2 mi. E of Oldfield, Mo</u></p>			<p>Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>		<p>d. STREET ADDRESS (If outside, give location) <u>10 mi. E of Oldfield on T. Highway</u></p>	
<p>3. NAME OF DECEASED (Type or print) First Middle Last <u>James Willard Richardson</u></p>			<p>4. DATE OF DEATH Month Day Year <u>Nov. 11, 1962</u></p>			
<p>5. SEX <u>M.</u></p>	<p>6. COLOR OR RACE <u>White</u></p>	<p>7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/></p>	<p>8. DATE OF BIRTH <u>1-18-1900</u></p>	<p>9. AGE (last birthday) <u>62</u></p>	<p>IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.</p>	
<p>10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u></p>		<p>10b. KIND OF BUSINESS OR INDUSTRY <u>Farm</u></p>		<p>11. BIRTHPLACE (City and state or country) <u>Oldfield, Mo.</u></p>		
<p>12. CITIZEN OF WHAT COUNTRY <u>U.S.</u></p>		<p>13a. FATHER'S NAME <u>Lon Richardson</u></p>		<p>13b. MOTHER'S MAIDEN NAME <u>Amanda Gilmore</u></p>		
<p>14. NAME OF HUSBAND OR WIFE <u>Maud Richardson</u></p>		<p>15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)</p>		<p>16. SOCIAL SECURITY NO. <u>[redacted]</u></p>		
<p>17. INFORMANT Address <u>9 Maud Richardson Oldfield, Mo</u></p>		<p>18. CAUSE OF DEATH (Enter only one cause per line if PART I. DEATH WAS CAUSED BY:</p>				
<p>IMMEDIATE CAUSE (a) <u>Carcinoma (adeno.) Pancreas</u></p>				<p>INTERVAL BETWEEN ONSET AND DEATH <u>3+ yrs</u></p>		
<p>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>(Confined at Surg. Sept/5-9)</u></p>				<p>DUE TO (c)</p>		
<p>PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)</p>				<p>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</p>		
<p>19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/></p>	<p>20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/></p>		<p>20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)</p>			
<p>20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year</p>			<p>20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/></p>			
<p>20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)</p>		<p>20f. CITY, TOWN, OR LOCATION</p>		<p>COUNTY STATE</p>		
<p>21. I attended the deceased from <u>Sept 11/42</u> to <u>11 Nov/62</u> and last saw her/him alive on <u>11 Nov/62</u> Death occurred at <u>11/13</u> m on the date stated above, and to the best of my knowledge, from the causes stated.</p>						
<p>22a. SIGNATURE (Degree or title) <u>J. Roper M.D.</u></p>			<p>22b. ADDRESS <u>Ozark, Mo</u></p>		<p>22c. DATE SIGNED <u>12 Nov. 62</u></p>	
<p>23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u></p>		<p>23b. DATE <u>Nov. 14, 1962</u></p>	<p>23c. NAME OF CEMETERY OR CREMATORY <u>Old Boston Cemetery</u></p>		<p>23d. LOCATION (City, town, or county) (State) <u>Oldfield Mo.</u></p>	
<p>24. FUNERAL DIRECTOR ADDRESS <u>Adams-Monger, Ozark, Mo.</u></p>			<p>25. DATE RECD. BY LOCAL REG. <u>Nov. 13, 1962</u></p>	<p>26. REGISTRAR'S SIGNATURE <u>Mary Kaufman</u></p>		

USE BLACK-INK OR TYPEWRITER/RIBBON

NOV 28 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,~~  
by Robert H. Bates III, Student Embalmer No. 673

working under my personal supervision.

Student Robert H. Bates III  
Signature of Student Embalmer

Signed Eric M. Abbott

Licensed Embalmer No. 5115

P. O. Address Springfield, 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.

Permit obtained Nov. 13, 1962.

W. A. K.