

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-002759
STATE FILE NUMBER

Registration District No. 240 Primary Registration District No. 4357 Registrar's No. 10

DO NOT WRITE ON THIS STUB

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS 300
Rev. 4/59

1 0720
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USE BLACK INK OR TYPEWRITER RIBBON

1. PART I. PLACE OF BIRTH MAR 12 1963		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY New Madrid		a. STATE Missouri b. COUNTY New Madrid	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Marston		c. CITY OR TOWN Marston	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION At Home		d. STREET ADDRESS (If outside, give location) Marston	
3. NAME OF DECEASED (Type or print) Walter Richardson, Sr.		4. DATE OF DEATH March 3 1963	
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>	8. DATE OF BIRTH 7/11/1896
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming & Gin owner		10b. KIND OF BUSINESS OR INDUSTRY Farm	11. BIRTHPLACE (City and state or country) Tennessee
13a. FATHER'S NAME James Daniel Richardson		13b. MOTHER'S MAIDEN NAME Eliza Roger	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. [Redacted]	
17. INFORMANT Barry Richardson		Address Portageville, Missouri	
18. CAUSE OF DEATH (Enter only one cause per line. PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute Coronary Insufficiency)			INTERVAL BETWEEN ONSET AND DEATH 4 to 5 yrs
DUE TO (b) A. S. H. D.			
DUE TO (c)			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Diabetes Mellitus - Partial Paralysis extremities			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.) Low	
20c. TIME OF INJURY Hour <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20e. CITY, TOWN, OR LOCATION		20f. COUNTY STATE	
21. I attended the deceased from July 1957 to March 1963 and last saw him alive on 7 Feb 63 . Death occurred at approximately 1:00 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Andrew E. Painter M.D.		22b. ADDRESS 273 King St Portageville Mo.	
22c. DATE SIGNED 4 Mar 63			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 3/6/1963	23c. NAME OF CEMETERY OR CREMATORY Mounds Cemetery	
23d. LOCATION (City, town, or county) Portageville Missouri		23e. REGISTRAR'S SIGNATURE Charles Simpson	
24. FUNERAL DIRECTOR DeLisle Funeral Home		25. DATE RECD. BY LOCAL REG. 3-6-1963	
ADDRESS Portageville, Mo.		BY H. R. Ponder	

MAR 13 1963

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 Joseph A. Lujan

Licensed Embalmer No. 4481

P. O. Address Patagonia, Ariz.

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.