

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-014539  
STATE FILE NUMBER

Registration District No. 324 Primary Registration District No. 3072 Registrar's No. 71

**FILED APR 15 1963**

|   |   |   |  |
|---|---|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Saline</u>  |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <u>Missouri</u> b. COUNTY <u>Saline</u>                   |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <u>Marshall</u>  |   | Length of stay in 1b<br><u>36 Yrs.</u>  | c. CITY OR TOWN <u>Marshall</u><br>Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>   |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <u>Fitzgibbon Hosp.</u>  |   | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>   | d. STREET ADDRESS (If outside, give location)<br><u>622 E Lacy</u><br>Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>             |
| 3. NAME OF DECEASED (Type or print)<br>First <u>ROBERT</u> Middle <u>PIKE</u> Last <u>RICHARDSON</u>  |   |   | 4. DATE OF DEATH<br>Month <u>April</u> Day <u>5</u> Year <u>1963</u>   |
| 5. SEX<br><u>Male</u>   | 6. COLOR OR RACE<br><u>White</u>  | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH<br><u>9-24-1906</u>   |
| 9. AGE (last birthday)<br><u>56</u>   |   | IF UNDER 1 YEAR<br>Months _____ Days _____  | IF UNDER 24 HR<br>Hours _____ Min. _____   |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>Foreman</u>   |   | 10b. KIND OF BUSINESS OR INDUSTRY<br><u>Int. Shoe Co.</u>   | 11. BIRTHPLACE (City and state or country)<br><u>Slater, Mo.</u>   |
| 12. CITIZEN OF WHAT COUNTRY<br><u>USA</u>   |   | 13a. FATHER'S NAME<br><u>Pike M. Richardson</u>   |  |
| 13b. MOTHER'S MAIDEN NAME<br><u>Ollie Thompson</u>  |   | 14. NAME OF HUSBAND OR WIFE<br><u>Merle Richardson</u>  |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of serv)<br><u>NO</u>  |   | 16. SOCIAL SECURITY NO.<br><u>X</u>   | 17. INFORMANT<br><u>Mrs. Merle Richardson</u> Address <u>Marshall, Mo</u>  |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <u>Cerebral Embolism</u>  |   |   | INTERVAL BETWEEN ONSET AND DEATH   |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause, last.<br>DUE TO (b) _____<br>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.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |
| 19. WAS AUTOPSY PERFORMED?<br>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<br>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<br><u>Marshall, Missouri</u>   | COUNTY _____ STATE _____   |
| 21. I attended the deceased from <u>7-6-1962</u> to <u>4-5-63</u> and last saw <sup>her</sup> him alive on <u>4-5-63</u><br>Death occurred at <u>2:00P</u> m on the date stated above, and to the best of my knowledge, from the causes stated. |   |   |  |
| 22a. SIGNATURE<br><i>James A. Reser</i> (Degree or title)   |   | 22b. ADDRESS<br><u>Marshall, Missouri</u>   | 22c. DATE SIGNED<br><u>4-6-63</u>  |
| 23a. BURIAL CREMATION, REMOVAL (Specify)<br><u>Burial</u>   | 23b. DATE<br><u>4-7-1963</u>  | 23c. NAME OF CEMETERY OR CREMATORY<br><u>Sunset Cemetery</u>  | 23d. LOCATION (City, town, or county) (State)<br><u>Marshall, Mo</u>   |
| 24. FUNERAL DIRECTOR<br><u>Jack W. Reser</u> ADDRESS <u>Marshall, Mo</u>  |   | 25. DATE RECD. BY LOCAL REG.<br><u>April 7-'63</u>  | 26. REGISTRAR'S SIGNATURE<br><i>Cecil G. Reser</i>   |

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

USE BLACK INK OR TYPEWRITER RIBBON

APR 17 1963

MAR 11 1964

**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

*Bill McLaughlin*

Licensed Embalmer No. 5169

P. O. Address Marshall, 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.