

FILED OCT 1 1968

DEPARTMENT OF PUBLIC HEALTH AND WELFARE - MISSOURI DIVISION OF HEALTH
(PHYSICIAN OR CORONER)

STATE FILE NUMBER

124

68 0037031

5097

CERTIFICATE OF DEATH

DO NOT WRITE
ON THIS STUBVS 300
Rev. 1/68Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 5097

DECEASED—NAME FIRST MIDDLE LAST			SEX	DATE OF DEATH (MONTH, DAY, YEAR)		
1. Felix Alexander RICHARDSON			Male	3. September 17, 1968		
2. RACE WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY)		AGE—(LAST BIRTHDAY) (YEARS) MOS. DAYS	UNDER 1 DAY HOURS MIN.	DATE OF BIRTH (MONTH, DAY, YEAR)		COUNTY OF DEATH
4. White		3a 57		6. Feb. 9, 1911		7a. Jackson
3. CITY, TOWN, OR LOCATION OF DEATH			HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)			
7b. Kansas City			7d. Osteopathic Hospital			
7c. <input checked="" type="checkbox"/> YES OR NO						
7c. <input checked="" type="checkbox"/> YES						
STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY)		CITIZEN OF WHAT COUNTRY		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)		SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME)
8. Missouri		9. USA		10. Married		11. Mary L. Rodegers
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED)		KIND OF BUSINESS OR INDUSTRY		
12. 483-05-3897		13a. Yardman		13b. Ulch Lumber Co.		
RESIDENCE—STATE		COUNTY	CITY, TOWN, OR LOCATION		INSIDE CITY LIMITS (SPECIFY YES OR NO)	STREET AND NUMBER
14a. Missouri		14b. Jackson	14c. Independence		14d. yes	14e. 712 North 3rd
FATHER—NAME FIRST MIDDLE LAST			MOTHER—MAIDEN NAME FIRST MIDDLE LAST			
15. James Harvey Richardson			15. Mary Anna Zishka			
INFORMANT—NAME			MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)			
17a. Mrs. Mary L. Richardson			17b. 712 North 3rd, Indep., Mo.			
PART I. DEATH WAS CAUSED BY: [ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)]						APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
18. IMMEDIATE CAUSE						
(a) Cardiac Arrest						
DUE TO, OR AS A CONSEQUENCE OF:						
(b) Ventricular Fibrillation						
DUE TO, OR AS A CONSEQUENCE OF:						
(c) Acute Inferior Wall Myocardial Infarction						
PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)						AUTOPSY (YES OR NO) 19. no
IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH 19.						
ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY)		DATE OF INJURY (MONTH, DAY, YEAR)	HOUR	HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18)		
20a.		20b.	20c.	20d.		
INJURY AT WORK (SPECIFY YES OR NO)		PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY)	LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE)			
20a.		20i.	20g.			
CERTIFICATION—PHYSICIAN: I ATTENDED THE DECEASED FROM		MONTH DAY YEAR	MONTH DAY YEAR	AND LAST SAW HIM/HER ALIVE ON	I DID/DID NOT VIEW THE BODY AFTER DEATH.	DEATH OCCURRED AT THE PLACE, ON THE DATE, AND, TO THE BEST OF MY KNOWLEDGE, DUE TO (GIVE CAUSE(S) STATED.
21a. DECEASED FROM		1940 TO 21b. 9 17 68	21c. 9 14 68	21d.	21e. 8:27 P.	M. TO THE CAUSE(S) STATED.
CERTIFICATION—MEDICAL EXAMINER OR CORONER: ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED.			HOUR OF DEATH	THE DECEASED WAS PRONOUNCED DEAD MONTH DAY YEAR HOUR		
22a.			22b.	22c.		
CERTIFIER—NAME (TYPE AND PRINT)		SIGNATURE	DEGREE OR TITLE		DATE SIGNED (MONTH, DAY, YEAR)	
23a. FRED J. ZAMMAR		23b. Fred J. Zammar	23c. M.D.		23d. 9-19-68	
MAILING ADDRESS—CERTIFIER		STREET OR R.F.D. NO., CITY OR TOWN, STATE				
23a. 300 So. Liberty		23b. Independence Mo 64050				
BURIAL, CREMATION, REMOVAL (SPECIFY)		CEMETERY OR CREMATORY—NAME		LOCATION CITY OR TOWN STATE		
24a. Burial		24b. Mt. Washington		24c. Indep., Mo.		
DATE (MONTH, DAY, YEAR)		FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)				
24a. Sept. 20, 1968		24b. Geo. C. Carson & Sons, Winner & Fuller, Indep., Mo. 64052				
FUNERAL DIRECTOR—SIGNATURE		REGISTRAR'S SIGNATURE		DATE RECEIVED BY LOCAL REGISTRAR		
25a. Geo. C. Carson		25b. Luther Bay		25c. 9-19-68		

USUAL RESIDENCE WHERE DECEASED LIVED. IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION

DECEASED

PARENTS

CAUSE

CERTIFIER

BU

Type or print in
PERMANENT BLACK INK.
See handbook for instructions.9. 0
10a. 57
10b.
11. 0
12. 1
13. 4109
14.
15. 4
16.
17.
18. 8
19. CREDITS
20.

Dr. Zimmmer

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 *Orvil Robinson*

Licensed Embalmer No. 4232

P. O. Address *K. C. 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.