

FILED APR 11 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

8094

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 297-A

1. PLACE OF DEATH a. COUNTY <b>GREENE</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <b>Missouri</b> b. COUNTY <b>Greene</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Springfield</b>	c. LENGTH OF STAY (in this place) <b>( )</b> byears	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Springfield</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Springfield Baptist Hospital</b>		d. STREET ADDRESS (If rural, give location) <b>2334 West Olive Street</b>	

3. NAME OF DECEASED (Type or Print)	a. (First) <b>Martha</b>	b. (Middle) <b>Caroline</b>	c. (Last) <b>Richardson</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>Mar. 31, 1949</b>
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5. SEX <b>Female</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED. (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>28 Sept 1884</b>	9. AGE (In years last birthday) <b>64</b>	10 UNDER 1 YEAR Months	10 UNDER 1 YEAR Days	10 UNDER 1 YEAR Hours	10 UNDER 1 YEAR Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>none</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>none</b>	11. BIRTHPLACE (State or foreign country) <b>Chillicothe, Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>James Medley</b>	13b. MOTHER'S MAIDEN NAME <b>Martha Keller</b>	14. NAME OF HUSBAND OR WIFE <b>Dave Richardson</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>	16. SOCIAL SECURITY NO. <b>none</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Floyd Richardson, Springfield, Mo.</b>	ADDRESS
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary Occlusion</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Arteriosclerotic Heart Disease</b> DUE TO (c) <b>Arteriosclerosis, Generalized.</b>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION <b>-</b>	19b. MAJOR FINDINGS OF OPERATION <b>-</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT (Specify) <b>SUICIDE</b>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>-</b>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>-</b>
21d. TIME OF INJURY (Month), (Day), (Year), (Hour) <b>-</b>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>✓</b>

22. I hereby certify that I attended the deceased from 26 Jan, 1949, to 31 March, 1949, that I last saw the deceased alive on 31 March, 1949, and that death occurred at 7:30 P m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Stanley J. Peterson M.D.</b>	23b. ADDRESS <b>Springfield, Missouri</b>	23c. DATE SIGNED <b>31 March 49</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>removal</b>	24b. DATE <b>1 April 1949</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Cabool Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Cabool, Missouri.</b>
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DATE REC'D. BY LOCAL REG. <b>4/4/49</b>	REGISTRAR'S SIGNATURE <b>W.E. Handley</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Fred C. Thieme, Springfield, Mo.</b>	ADDRESS
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

**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.

Signed.....  
Student Embalmer

Signed.....

*Ralph A. Thieme*

Licensed Embalmer No. 3681

P. O. Address Springfield, Missouri

**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 this body is not embalmed, fact should be so stated above.