No. 300
10.48

FILED MAY 9 1949

# THE DIVISION OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

State File No. 12088

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 334-A

39 2 6 0

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

**1. PLACE OF DEATH**
a. COUNTY: GREENE
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): SPRINGFIELD
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): ST. JOHNS HOSPITAL

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: BARTON 6
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): LAMAR 1
d. STREET ADDRESS (If rural, give location): 1

**3. NAME OF DECEASED** (Type or Print)
a. (First): TRACY
b. (Middle): CLUSTER
c. (Last): RICHARDSON

**4. DATE OF DEATH** (Month) (Day) (Year): APRIL 20 1949

**5. SEX**: Male 0
**6. COLOR OR RACE**: White
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): WIDOWED 2
**8. DATE OF BIRTH**: NOV 1 1889
**9. AGE** (In years last birthday): 59 — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): None
**10b. KIND OF BUSINESS OR INDUSTRY**: XXX
**11. BIRTHPLACE** (State or foreign country): WEST UNION, NEBRASKA 1
**12. CITIZEN OF WHAT COUNTRY?**: US

**13a. FATHER'S NAME**: CUAMESS R. RICHARDSON
**13b. MOTHER'S MAIDEN NAME**: EUNICE E. BARTLETT
**14. NAME OF HUSBAND OR WIFE**: MARY FINDLEY

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown): YES — (If yes, give war or dates of service): WW I, WW II
**16. SOCIAL SECURITY NO.**: Unknown
**17. INFORMANT'S SIGNATURE OR NAME**: LELAH RICHARDSON — ADDRESS: LAMAR, MO.

**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**

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic Heart Disease with Congestive failure — INTERVAL BETWEEN ONSET AND DEATH: 4 years

ANTECEDENT CAUSES
*Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) _____
DUE TO (c) _____

II. OTHER SIGNIFICANT CONDITIONS
*Conditions contributing to the death but not related to the disease or condition causing death.*
4200

**19a. DATE OF OPERATION**
**19b. MAJOR FINDINGS OF OPERATION**
**20. AUTOPSY?** YES ☐ NO ☒

**21a. ACCIDENT SUICIDE HOMICIDE** (Specify)
**21b. PLACE OF INJURY** (e.g., in or about home, farm, factory, street, office bldg., etc.)
**21c.** (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
**21d. TIME OF INJURY** (Month) (Day) (Year) (Hour) m.
**21e. INJURY OCCURRED** WHILE AT WORK ☐ NOT WHILE AT WORK ☐
**21f. HOW DID INJURY OCCUR?**

22. *I hereby certify that I attended the deceased from* 4/18, 1949, *to* 4/20, 1949, *that I last saw the deceased alive on* 4/20, 1949, *and that death occurred at* 8:30 A.m., *from the causes and on the date stated above.*

**23a. SIGNATURE** Glenn O. Turner, M.D. (Degree or title)
**23b. ADDRESS** Springfield, Mo.
**23c. DATE SIGNED** 4/22/49

**24a. BURIAL, CREMATION, REMOVAL** (Specify): BURIAL
**24b. DATE**: APRIL 25 1949
**24c. NAME OF CEMETERY OR CREMATORY**: LAKE CEMETERY
**24d. LOCATION** (City, town, or county) (State): LAMAR, MISSOURI

DATE REC'D BY LOCAL REG.: 5-4-49
REGISTRAR'S SIGNATURE: W. E. Handley M.D.
**25. FUNERAL DIRECTOR'S SIGNATURE**: KONANTZ FUNERAL HOME, — ADDRESS: LAMAR, MO.

(Licensed Embalmer's Statement on Reverse Side)

MAY 12 1945

OCT 10 1949

OCT 13 1949

**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. 319

working under my personal supervision.

Signed Walter J. Konowitz
Student Embalmer

Signed Carl F. Konowitz

Licensed Embalmer No. 2247

P. O. Address Lamar, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

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