

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 16767  
131

FILED JUN 7 1949

BIRTH NO. _____		REG. DIST. NO. 251		PRIMARY REG. DIST. NO. 5846		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY <del>####</del> Nodaway				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Nodaway</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Lincoln Twp</u>		c. LENGTH OF STAY (In this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Lincoln Twp</u>		d. STREET ADDRESS (If rural, give location) <u>rural</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Near Blanchard, Iowa</u>				d. STREET ADDRESS (If rural, give location) <u>rural</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Edith Pearl</u> b. (Middle) <u>Richardson</u> c. (Last) _____			4. DATE OF DEATH (Month) (Day) (Year) <u>May 13 1949</u>				
5. SEX <u>Female</u>	6. COLOR OR RACE <u>Wh</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, <u>Married</u> (Specify)	8. DATE OF BIRTH <u>Feb-8-1891</u>		9. AGE (In years last birthday) <u>58</u>	IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House wife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Housekeeper</u>		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U S</u>	
13a. FATHER'S NAME <u>Marion Jackson</u>			13b. MOTHER'S MAIDEN NAME <u>Dora Lee</u>		14. NAME OF HUSBAND OR WIFE <u>John Richardson</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>John Richardson Blanchard, Ia</u>			
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) <u>Cerebro vascular accident</u> ANTECEDENT CAUSES <u>Hypertension + cerebral arteriosclerosis</u> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>edipiasis</u> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>				INTERVAL BETWEEN ONSET AND DEATH <u>2 hours</u> <u>8 years</u> <u>331X</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from <u>Feb 8 1949</u> to <u>May 13 1949</u> , that I last saw the deceased alive on <u>May 13 1949</u> , and that death occurred at <u>6:40 a m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Marvin Ford M.D.</u>				23b. ADDRESS <u>Elmo Mo</u>		23c. DATE SIGNED <u>May 18 49</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>May-15th-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>High Prairie Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Elmo Mo</u>	
DATE REC'D BY LOCAL REG. <u>5-28-49</u>		REGISTRAR'S SIGNATURE <u>Bess Boltz</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Wright Tomb</u>		ADDRESS <u>Westboro, Mo</u>	

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

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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 \_\_\_\_\_

Scott Tucker

Student Embalmer No. 478

working under my personal supervision.

Student

Student Embalmer

Signed

Licensed Embalmer No. 2824

P. O. Address Westboro, 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.