

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

36028

State File No. ....

BIRTH NO. .... REG. DIST. NO. 337 PRIMARY REG. DIST. NO. 6140 Registrar's No. 97

1. PLACE OF DEATH a. COUNTY <u>Shelby</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Shelby</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Clarence, Mo</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Clarence, Missouri, Rural</u>	
c. LENGTH OF STAY (in this place) <u>Life</u>		d. STREET ADDRESS (If rural, give location) <u>Five Miles North of Clarence</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Five Miles North of Clarence</u>		North of Clarence Five Miles	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Doran</u>	b. (Middle) <u>Edward</u>	c. (Last) <u>Richardson</u>	4. DATE OF DEATH (Month) (Day) (Year)	<u>10-19-49</u>
-------------------------------------	-------------------------	---------------------------	-----------------------------	---------------------------------------	-----------------

5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>	8. DATE OF BIRTH <u>8-18-48</u>	9. AGE (In years last birthday) <u>1</u>	IF UNDER 1 YEAR Months <u>2</u>	IF UNDER 1 YEAR Days <u>1</u>	IF UNDER 1 MIN. Hours <u></u>	IF UNDER 1 MIN. Min. <u></u>
--------------------	-------------------------------	-----------------------------------------------------------------------------	---------------------------------	------------------------------------------	---------------------------------	-------------------------------	-------------------------------	------------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None Small Child</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>	11. BIRTHPLACE (State or foreign country) <u>U</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>
---------------------------------------------------------------------------------------------------------------------	-----------------------------------------------	----------------------------------------------------	-------------------------------------------

13a. FATHER'S NAME <u>Marvin Richardson</u>	13b. MOTHER'S MAIDEN NAME <u>Frankie Mae Holder</u>	14. NAME OF HUSBAND OR WIFE <u>Single</u>
---------------------------------------------	-----------------------------------------------------	-------------------------------------------

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Marvin Richardson</u>	RURAL ADDRESS <u>Clarence Mo.</u>
--------------------------------------------------------------------------------------------------------------------	-------------------------------------	------------------------------------------------------------	-----------------------------------

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Lymphosarcoma Pancreas</u>		INTERVAL BETWEEN ONSET AND DEATH <u>12 mos</u>
	ANTECEDENT CAUSES  <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i>		
	DUE TO (b) _____  DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>			<u>160X</u>

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 Oct 19, 1948 to Oct 19, 1949, that I last saw the deceased alive on Oct 19, 1949, and that death occurred at 8:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>D. L. Harlan M.D.</u>	23b. ADDRESS <u>Clarence Mo</u>	23c. DATE SIGNED <u>Oct 22 1949</u>
-----------------------------------------	---------------------------------	-------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>10-20-49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Maple Wood</u>	24d. LOCATION (City, town, or county) (State) <u>Clarence, Missouri</u>
---------------------------------------------------------	---------------------------	------------------------------------------------------	-------------------------------------------------------------------------

DATE REC'D BY LOCAL REG. <u>11-2-49</u>	REGISTRAR'S SIGNATURE <u>Ada Garrison</u>	419	25. FUNERAL DIRECTOR'S SIGNATURE <u>Million &amp; Barkelew</u>	ADDRESS <u>Clarence, Mo.</u>
-----------------------------------------	-------------------------------------------	-----	----------------------------------------------------------------	------------------------------

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

RECEIVED NOV 7 1949  
District Health Officer No. 1  
District File Number 11-49-180  
NOV 7 1949  
Date Filed \_\_\_\_\_

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 \_\_\_\_\_

*Body not Embalmed.*

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed *Garry G. Barkelaw* \_\_\_\_\_

Licensed Embalmer No. 3835 \_\_\_\_\_

P. O. Address *Shelburne, Vt.* \_\_\_\_\_

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.