

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **39972**

FILED DEC 12 1949

BIRTH NO. _____		REG. DIST. NO. 356		PRIMARY REG. DIST. NO. 4521		Registrar's No. 47	
1. PLACE OF DEATH a. COUNTY TEXAS				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY TEXAS			
b. CITY (If outside corporate limits, write RURAL and give township) HOUSTON		c. LENGTH OF STAY (in this place) 2 WKS		c. CITY (If outside corporate limits, write RURAL and give township) HARTSHORN		107 0 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print) a. (First) AMOS		b. (Middle) W. RICHARDSON		c. (Last) _____		4. DATE OF DEATH (Month) (Day) (Year) NOV. 23 1949	
5. SEX MALE W		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH FEB. 5 1870	
9. AGE (In years last birthday) 79		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER		10b. KIND OF BUSINESS OR INDUSTRY <input checked="" type="checkbox"/>		11. BIRTHPLACE (State or foreign country) MISSOURI	
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME UNKNOWN		13b. MOTHER'S MAIDEN NAME UNKNOWN		14. NAME OF HUSBAND OR WIFE MAUDE RICHARDSON	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. L		17. INFORMANT'S SIGNATURE OR NAME ADDRESS CO. WELFARE OFFICE HOUSTON			
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Cardio-Respiratory failure ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerotic Degenerative heart disease DUE TO (c) Hypertension + Hypostatic II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Fractured Hip + Senility					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION None				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) (m.)		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. 10 , 19 49 , to Nov. 20 , 19 49 , that I last saw the deceased alive on Nov. 20 , 19 49 , and that death occurred at 10: A. m. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) J. D. Burns, M.D.				23b. ADDRESS Houston, Mo.		23c. DATE SIGNED 11/24/49	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 11-24-49		24c. NAME OF CEMETERY OR CREMATORY ANTIOCH		24d. LOCATION (City, town, or county) (State) HARTSHORN MO	
DATE REC'D BY LOCAL REG. Dec 5 49		REGISTRAR'S SIGNATURE Myrtie Craig		25. FUNERAL DIRECTOR'S SIGNATURE Gaylord V. Elliott		ADDRESS HOUSTON, MO	

(Licensed Embalmers' Statements on Reverse Side)

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

107
0
0

Recd
Jehan
12-7
11:0

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
Student Embalmer

Signed Frank E. Wood

Licensed Embalmer No. 4026

P. O. Address Houston, 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 this body is not embalmed, fact should be so stated above.