

FILED DEC 19 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 40547

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 67 PRIMARY REG. DIST. NO. 5265 Registrar's No. 27

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

1. PLACE OF DEATH a. COUNTY CHRISTIAN		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY CHRISTIAN	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN OLDFIELD		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN OLDFIELD	
d. FULL NAME OF HOSPITAL OR INSTITUTION HOME		d. STREET ADDRESS HOME	
3. NAME OF DECEASED (Type or Print) a. (First) ELONZO		b. (Middle) FRANKLIN	
		c. (Last) RICHARDSON	
4. DATE OF DEATH (Month) (Day) (Year) 11 15 1949		5. SEX MALE	
6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	
8. DATE OF BIRTH AUGUST 7, 1875		9. AGE (In years last birthday) 74	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) INDIANA		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13a. FATHER'S NAME SAMPSON RICHARDSON		13b. MOTHER'S MAIDEN NAME ELIZABETH McNEILEY	
		14. NAME OF HUSBAND OR WIFE MANDY GILLMORE 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. NONE	
		17. INFORMANT'S SIGNATURE OR NAME ADDRESS MRS. HAZEL SHIPMAN OLDFIELD, 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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) unknown - from history. Probably coronary thrombosis. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) History of previous attacks of flash in chest of short duration. DUE TO (c) Short duration II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. I only examined him after death.	
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) (Minute)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?		injured body after death	
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 4:30 a.m., from the causes and on the date stated above.			
23a. SIGNATURE R. R. Feithing U.M.D.		23b. ADDRESS Ozark, Mo.	
23c. DATE SIGNED Nov 15 - 49			
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 11-17-1949	
24c. NAME OF CEMETERY OR CREMATORY OLDFIELD CEMETERY		24d. LOCATION (City, town, or county) (State) CHRISTIAN COUNTY MISSOURI	
DATE REC'D BY LOCAL REG. 11-1-49		REGISTRAR'S SIGNATURE Lillie Barr 58	
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS John H. Harris, Clever, Mo.			

RECEIVED DEC 7 1949  
District Health Office No. 6,  
District File Number 1249-1335  
Date Filed 12-14-49

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 John Alex Harris  
Licensed Embalmer No. 4390  
P. O. Address Cleveland, 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.