FILED JAN 20 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 2201

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 3060 Registrar's No. 6

0941

1. PLACE OF DEATH
a. COUNTY ST. FRANCOIS
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) FARMINGTON
c. LENGTH OF STAY (in this place) 50 YEARS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE MISSOURI b. COUNTY ST. FRANCOIS
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) FARMINGTON 0941
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First) THOMAS b. (Middle) EDMOND c. (Last) RICHARDSON

4. DATE OF DEATH (Month) (Day) (Year) JAN. 7 1950

5. SEX MALE **6. COLOR OR RACE** WHITE **7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify) WIDOWED **8. DATE OF BIRTH** MAY 12 1877 **9. AGE** (In years last birthday) 72 IF UNDER 1 YEAR Months 7 Days 25 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) TRIMFOOT SHOE CO **10b. KIND OF BUSINESS OR INDUSTRY** MAINTENANCE MAN **11. BIRTHPLACE** (State or foreign country) CASEY, ILLINOIS **12. CITIZEN OF WHAT COUNTRY?** U.S.A.

13a. FATHER'S NAME J. HUGH RICHARDSON **13b. MOTHER'S MAIDEN NAME** MARGARET TIPTON **14. NAME OF HUSBAND OR WIFE** MINNIE BELL RICHARDSON

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) **16. SOCIAL SECURITY NO.** **17. INFORMANT'S SIGNATURE OR NAME** RUTH COLE ADDRESS FARMINGTON 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) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH 5 hours

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b) Hypertension Cardiovascular disease ?

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* 44 a X

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* 11-13, 1949, *to* 11-29, 1950, *that I last saw the deceased alive on* 11-29, 1949, *and that death occurred at* 7 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) [signature] M.D. **23b. ADDRESS** 228 E Columbia Farmington Mo **23c. DATE SIGNED** 1-9-50

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL **24b. DATE** JAN. 10 1950 **24c. NAME OF CEMETERY OR CREMATORY** PARKVIEW **24d. LOCATION** (City, town, or county) (State) NEAR FARMINGTON MO

DATE REC'D BY LOCAL REG. Jan. 9, 1950 **REGISTRAR'S SIGNATURE** Esther Rudloff 289 **25. FUNERAL DIRECTOR'S SIGNATURE** C. H. Cozean **ADDRESS** City Farmington Mo

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 1-16-50

District Health Officer No. 4

District File Number 150-80

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 _____, Student Embalmer No. _____, working under my personal supervision.

Student _____
Student Embalmer

Signed C A Cozean

Licensed Embalmer No. 4084

P. O. Address Farmington, 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.