

FILED MAY 8 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 12046

525

BIRTH NO. _____		REG. DIST. NO. 42		PRIMARY REG. DIST. NO. 1000		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY Buchanan				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Buchanan			
b. CITY OR TOWN St. Joseph		c. LENGTH OF STAY (in this place) 4 Mns		c. CITY OR TOWN St. Joseph		0117	
d. FULL NAME OF HOSPITAL OR INSTITUTION Missouri Methodist Hospital				d. STREET ADDRESS (If rural, give location) 201 N. 31st Street			
3. NAME OF DECEASED (Type or Print) a. (First) Lillie		b. (Middle) Pearl		c. (Last) Richardson		4. DATE OF DEATH (Month) (Day) (Year) April 24, 1950	
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced		8. DATE OF BIRTH July 19, 1867	
9. AGE (In years last birthday) 82		IF UNDER 1 YEAR Months		IF UNDER 1 YEAR Days		IF UNDER 24 HRS. Hours	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY own home		11. BIRTHPLACE (State or foreign country) Moorehill, Ind.		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME William Palmer Sparks		13b. MOTHER'S MAIDEN NAME Minerva Harding		14. NAME OF HUSBAND OR WIFE Henry Richardson			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. ***** None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Alice E. Stone St. Joseph, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Fracture of hip - left  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Pneumonia, broncho				INTERVAL BETWEEN ONSET AND DEATH 12-17-49 (4 months) E9030 20	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 131				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St. Joseph Buchanan Mo			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 12-17-1949 1:15 a.m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? Fell down going from bedroom to bathroom			
22. I hereby certify that I attended the deceased from Dec 17, 1949, to April 24, 1950, that I last saw the deceased alive on April 24, 1950, and that death occurred at 1:50 P.M., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) J.C. Serron M.D.				23b. ADDRESS St. Joseph Mo		23c. DATE SIGNED 4-25-50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE Apr. 26, 1950		24c. NAME OF CEMETERY OR CREMATORY Grant City Cemetery		24d. LOCATION (City, town, or county) (State) Grant City, Missouri.	
DATE REC'D BY LOCAL REG. May 4, 1950		REGISTRAR'S SIGNATURE G. L. Jenkins 382		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Hatter Meierhoffer 1946 Colhoun St. St. Joseph, Mo.			

(Licensed Embalmer's Statement on Reverse Side)

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

0117

-3088

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 \*\*\*\*\*,

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\*\*\*\*\*

Student Embalmer No. ....

\*\*\*\*\*

working under my personal supervision.

\*\*\*\*\*

Student .....

Student Embalmer

Signed

*Raymond W. Horehen*

Licensed Embalmer No. 4413 Missouri.

P. O. Address St. Joseph, 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.