

FILED JAN 26 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **43481**

BIRTH NO. _____		REG. DIST. NO. 1		PRIMARY REG. DIST. NO. 3000		Registrar's No. 369	
1. PLACE OF DEATH a. COUNTY Adair				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Knox			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KIRKSVILLE		c. LENGTH OF STAY (in this place) 5 days		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN GREENSBURG		0520	
d. FULL NAME OF HOSPITAL OR INSTITUTION Grim Smith Memorial Hospital				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print) a. (First) Kathryn		b. (Middle) Ann		c. (Last) Richardson		4. DATE OF DEATH (Month) (Day) (Year) Dec 18 1950	
5. SEX FEMALE		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) - D		8. DATE OF BIRTH DEC 10, 1949	
9. AGE (In years last birthday) 12 months		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Child		10b. KIND OF BUSINESS OR INDUSTRY none		11. BIRTHPLACE (State or foreign country) Edina - Missouri	
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Ralph Wm. Richardson		13b. MOTHER'S MAIDEN NAME Mary Evelyn McSoley		14. NAME OF HUSBAND OR WIFE none	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME Ralph Richardson			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) meningitis 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.				INTERVAL BETWEEN ONSET AND DEATH 2 wks.	
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)		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 12-14 , 1950, to 11-18 , 1950, that I last saw the deceased alive on 12-18 , 1950, and that death occurred at 4:30 P.M. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Orlton T. English Jr. M.D.				23b. ADDRESS Kirkville, Missouri		23c. DATE SIGNED 12-19-50	
24a. BURIAL CREMATION REMOVAL (Specify)		24b. DATE Dec. 19-1950		24c. NAME OF CEMETERY OR CREMATORY Greenburg, Mo.		24d. LOCATION (City, town, or county) (State) Greenburg Mo.	
DATE REC'D BY LOCAL REG. 1-10-50		REGISTRAR'S SIGNATURE Kate Lambert		FUNERAL DIRECTOR'S SIGNATURE Mrs. F. W. Hudson		ADDRESS Edina Mo.	

(Licensed Embalter's Statement on Reverse Side)

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

SEEK FOR INFORMATION FOR IMPROVEMENT

00130

Date Received: JAN 1 2 1951
DISTRICT HEALTH OFFICE #2
District File Number 1-57-1W
Date Filed: JAN 2 4 1951

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 (was not embalmed)
..... Student Embalmer No.
working under my personal supervision.

Student
Student Embalmer

Signed Mrs J. W. Hudson
Licensed Embalmer No. 2972
P. O. Address Edina 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.