

FILED SEP 27 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **30115**

BIRTH NO.		REG. DIST. NO. <u>141</u>		PRIMARY REG. DIST. NO. <u>5551</u>		Registrar's No. <u>50</u>	
1. PLACE OF DEATH a. COUNTY Howell				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Howell			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN "R" Howell Township		c. LENGTH OF STAY (In this place) 17 yrs		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN "R" Howell Township		0460	
d. FULL NAME OF HOSPITAL OR INSTITUTION residence				d. STREET ADDRESS (If rural, give location) Brandsville, Mo., P.O. Box 511			
3. NAME OF DECEASED (Type or Print) FLOSSIE		a. (First) MARIE		b. (Middle) RICHARDSON		c. (Last)	
5. SEX female		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH Jan. 9, 1900	
9. AGE (In years last birthday) 51		IF UNDER 1 YEAR Months		IF UNDER 1 YEAR Days		IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY home		11. BIRTHPLACE (State or foreign country) Seneca, Ohio. /		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Benjamin Leonard		13b. MOTHER'S MAIDEN NAME Matilda Wagener		14. NAME OF HUSBAND OR WIFE Wm. B. 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 Wm. B. Richardson, Brandsville, Mo.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
<p>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage				3 days	
		ANTECEDENT CAUSES					
		<p>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</p> <p>DUE TO (b) _____</p> <p>DUE TO (c) _____</p> <p style="text-align: right;">331X</p>					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 16 Sept, 1951 , to 19 Sept, 1951 , that I last saw the deceased alive on 18 Sep, 1951 , and that death occurred at 11 A. m., from the causes and on the date stated above.							
23a. SIGNATURE Beatrice Cook M.D. (Degree or title)				23b. ADDRESS West Plains, Mo		23c. DATE SIGNED SEP 19 1951	
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE Sept. 20, 1951		24c. NAME OF CEMETERY OR CREMATORY Union Hill Cem.		24d. LOCATION (City, town, or county) (State) Howell County, Missouri	
DATE REC'D BY LOCAL REG. 9-21-51		REGISTRAR'S SIGNATURE Beatrice Cook 379		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Hal Roubert West Plains, Mo.			

WRITE PLAINLY--USING UNFADEING BLACK INK--MAKE A PERMANENT RECORD

SEP 28 1958

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 Hal Thomburg

Licensed Embalmer No. 3408

P. O. Address W. H. Hays, N.

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.