

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

3909

State File No. ....

**FILED MAR 10 1952**

BIRTH NO. 8636 REG. DIST. NO. 13 PRIMARY REG. DIST. NO. 3003 Registrar's No. 19

2051

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

1. PLACE OF DEATH a. COUNTY <u>Barry</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>LENEXA</u>	
b. CITY OR TOWN <u>Monett</u>		c. CITY OR TOWN <u>Mt. Vernon</u> <u>0550</u>	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) <u>Four Miles Southwest</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Vincent Hospital</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Mary</u>	b. (Middle) <u>Mae</u>	c. (Last) <u>Richardson</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>March - 2 - 1952</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>INFANT</u>	8. DATE OF BIRTH <u>Feb - 29 - 1952</u>	9. AGE (In years last birthday) <u>1</u> Months <u>15</u> Days <u>14</u>	IF UNDER 1 YEAR Hours <u>15</u> Min. <u>14</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>INFANT</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>NONE</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Monett, Missouri, U.S.A.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Floyd W. Richardson</u>	13b. MOTHER'S MAIDEN NAME <u>Sibyl B. Dillon</u>	14. NAME OF HUSBAND OR WIFE <u>NONE</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Floyd Richardson, M.D., Lenexa, Mo.</u>	ADDRESS <u>Lenexa, Mo.</u>
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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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Resp. Failure</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Prematurity</u> DUE TO (c) <u>Maternal toxemia</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Rt. hydronephrosis</u> <u>Nephritis</u>		20. AUTOPSY? <u>3RD</u>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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? <u>7695</u>
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22. I hereby certify that I attended the deceased from 2/29, 1952, to 3/2, 1952, that I last saw the deceased alive on 3/1, 1952, and that death occurred at 11:30 A.M., from the causes and on the date stated above.

23a. SIGNATURE <u>Benneth Glover, M.D.</u>	(Degree or title) <u>M.D.</u>	23b. ADDRESS <u>Mt. Vernon, Mo.</u>	23c. DATE SIGNED <u>3/4/52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>3/2/52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Spanish Fort</u>	24d. LOCATION (City, town, or county) (State) <u>Mt. Vernon, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>Mar 7 - 1952</u>	REGISTRAR'S SIGNATURE <u>Oleiver A. Worthington</u>	5. GENERAL DIRECTOR'S SIGNATURE <u>Oscar J. Marsh</u>	ADDRESS <u>Lenexa, Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

**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

*Gene H. Harrent*

Licensed Embalmer No. *4809*

P. O. Address *Aurora, 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.