

FILED MAY 17 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 16726
2103

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY JACKSON 0		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give town) KANSAS CITY	c. LENGTH OF STAY (in this place) 6 days	c. CITY (If outside corporate limits, write RURAL and give township) Independence	d. STREET ADDRESS (If rural, give location) 509 Ridgeway
d. FULL NAME OF HOSPITAL OR INSTITUTION (Memorial Hospital Medical Center)			

3. NAME OF DECEASED a. (First) Coy b. (Middle) F. c. (Last) Richardson			4. DATE OF DEATH (Month) (Day) (Year) 5 6 52		
---	--	--	---	--	--

5. SEX Male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH 9-28-1912	9. AGE (In years last birthday) 39	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	IF UNDER 24 HRS. Hours	IF UNDER 24 HRS. Min.
-------------	------------------------	--	----------------------------	------------------------------------	------------------------	-----------------------	------------------------	-----------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Postmaster		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Calico Rock, Ark 1		12. CITIZEN OF WHAT COUNTRY U.S.A.	
--	--	-----------------------------------	--	--	--	------------------------------------	--

13a. FATHER'S NAME John Richardson		13b. MOTHER'S MAIDEN NAME Livianna Jennings		14. NAME OF HUSBAND OR WIFE Nellie 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. -	17. INFORMANT'S SIGNATURE OR NAME Mrs. Melvin Richardson		ADDRESS Indep. 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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic + subacute glomerulonephritis			INTERVAL BETWEEN ONSET AND DEATH	
	ANTECEDENT CAUSES DUE TO (b) Infection - Rt. lung. Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) Pleural effusion, rt.				
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Hypertrophy of heart + cardiac failure			592K	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input checked="" 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 May 4, 1952, to May 6, 1952, that I last saw the deceased alive on May 6, 1952, and that death occurred at 7:35 P. M., from the causes and on the date stated above.

23a. SIGNATURE: Arthur Adelman (Degree or title)		23b. ADDRESS 14. D.D. 909 Professional Bldg		23c. DATE SIGNED 5/7/52	
--	--	---	--	-------------------------	--

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 5-7-1952	24c. NAME OF CEMETERY OR CREMATORY Flat Rock	24d. LOCATION (City, town, or county) (State) Calico Rock, Ark.		
---	--------------------	--	---	--	--

DATE REC'D BY LOCAL REG. 5-7-52	REGISTRAR'S SIGNATURE Geraldine Holmes		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Lawrence Hall, Calico Rock, Ark.		
---------------------------------	--	--	---	--	--

(Licensed Embalmer's Statement on Reverse Side)

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

ni 4383

MAY 28 1982

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 *J. Royce Hoge*

Licensed Embalmer No. *3529*

P. O. Address *Overland Park, KS*

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.