

APR 7 1953

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

10328  
 03/13/53  
 Registrar's No. 155

BIRTH NO.		REG. DIST. NO. 155		PRIMARY REG. DIST. NO. 378		Registrar's No. 155			
1. PLACE OF DEATH a. COUNTY <b>Jasper</b>				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Jasper</b>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Duenweg (RURAL)</b>		c. LENGTH OF STAY (in this place) <b>60 yrs</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Duenweg (RURAL)</b>		0490			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>1 mi East of Duenweg on #166</b>				d. STREET ADDRESS (If rural, give location) <b>1mi East of Duenweg on # 166</b>					
3. NAME OF DECEASED (Type or Print) a. (First) <b>Millard</b>			b. (Middle) <b>F.</b>		c. (Last) <b>RICHARDSON</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>March 18, 1953</b>		
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>August 1, 1876</b>		9. AGE (In years last birthday) <b>76</b> IF UNDER 1 YEAR: Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired Farmer</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>Farming</b>			11. BIRTHPLACE (City and State or Foreign Country) <b>Nashville, Tenn.</b>		12. COUNTRY OF WHAT COUNTRY? <b>U.S.</b>	
13a. FATHER'S NAME <b>M.F. Richardson Sr.</b>			13b. MOTHER'S MAIDEN NAME <b>Rebecca Johnston</b>			14. NAME OF HUSBAND OR WIFE <b>Hattie Richardson</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>			16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Hattie Richardson Duenweg, Missouri</b>				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Acute coronary occlusion</b>  ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (b) <b>Arterio-sclerosis generalized, pure</b>  DUE TO (c)  II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>						INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>4201</b>						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>NO</b>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>NONE</b>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>NONE</b>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR <b>NO</b>					
22. I hereby certify that I attended the deceased from <b>June 10 49</b> , to <b>March 18, 1953</b> , that I last saw the deceased alive on <b>March 18, 1953</b> , and that death occurred at <b>7:40 P.M.</b> , from the causes and on the date stated above.									
23a. SIGNATURE <b>[Signature]</b> (Degree or title) <b>M.D.</b>				23b. ADDRESS <b>Joplin Nat'l Bank Bldg</b>		23c. DATE SIGNED <b>3/26/53</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>March 21, 1953</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Forest Park Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Joplin, Missouri</b>			
DATE REC'D BY LOCAL REG. <b>3-30-53</b>		REGISTRAR'S SIGNATURE <b>[Signature]</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Thornhill-Dillon Mort Joplin, Mo.</b>					

(Licensed Embalmers' Statement on Reverse Side)

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

5490  
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**RECEIVED** 4-6-53  
Jasper County Health Office

County File Number 53-4-309

Date Filed 4-6-53

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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 *W. E. Hudson* .....

Licensed Embalmer No. 1770

P. O. Address *Joplin, 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.