

STANDARD CERTIFICATE OF DEATH

State File No. 13387

FILED APR 20 1953

BIRTH NO.

REG. DIST. NO. 42

PRIMARY REG. DIST. NO. 5125

Registrar's No. 1117

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Buchanan	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Center Township		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Center Township	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) R #5. St. Joseph, Mo.		e. LENGTH OF STAY (in this place) 50 yrs	
3. NAME OF DECEASED (Type or Print) a. (First) James b. (Middle) Harvey c. (Last) Richardson		4. DATE OF DEATH (Month) (Day) (Year) April 10, 1953	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH August 2, 1874
9. AGE (In years last birthday) 78		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. Farmer	11. BIRTHPLACE (City and State or Foreign Country) Missouri
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farming	
12. CITIZEN OF WHAT COUNTRY? USA		13. FATHER'S NAME John M. Richardson	
13a. FATHER'S NAME John M. Richardson		13b. MOTHER'S MAIDEN NAME Martha E. Origler	
14. NAME OF HUSBAND OR WIFE Richardson		14. NAME OF HUSBAND OR WIFE Charlotte Mae Butler	
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 Charles H. Richardson		17. INFORMANT'S SIGNATURE OR NAME Faucett, Missouri	
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Braun Hemorrhage (Hemiplegia) INTERVAL BETWEEN ONSET AND DEATH 2 1/2 hrs ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension of Arteriosclerosis? DUE TO (c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 331X	
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 4-9, 1953 , to 4-10, 1953 that I last saw the deceased alive on April 10, 1953 and that death occurred at 10:30A m. , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Dr. John Hartsock, D.O.		23b. ADDRESS 926 Edmond St. Joseph, Mo.	
23c. DATE SIGNED 4-11-53			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Apr. 12, 1953	
24c. NAME OF CEMETERY OR CREMATORY Faucett Cemetery		24d. LOCATION (City, town, or county) (State) Faucett, Missouri.	
DATE REC'D BY LOCAL REG. April 16, 1953		REGISTRAR'S SIGNATURE Notker M. Allison	
25. FUNERAL DIRECTOR'S SIGNATURE Misschaffer-Fleeman		ADDRESS St. Joseph, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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

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

Raymond H. Marthea

Licensed Embalmer No. 4413 Missouri.

P. O. Address St. Joseph, 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.