

No. 300  
10.48

600  
3

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

25601

FILED AUG 12 1953

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 195 PRIMARY REG. DIST. NO. 5714 Registrar's No. 62

1. PLACE OF DEATH a. COUNTY <u>McDonagh</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>ARKANSAS</u> b. COUNTY <u>JOHNSON</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Pineville</u>	c. LENGTH OF STAY (in this place)	c. CITY (If outside corporate limits, write RURAL and give township) <u>CHARLESVILLE</u>	<u>8030</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>NONE</u>		d. STREET ADDRESS (If rural, give location) <u>8</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>EARTH</u> b. (Middle) <u>Winford</u> c. (Last) <u>RICHARDSON</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>7-16-53</u>		
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>M</u>	8. DATE OF BIRTH <u>9-24-1916</u>	9. AGE (In years last birthday) <u>36</u>	IF UNDER 1 YEAR Months <u>9</u> Days <u>22</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>TRUCK DRIVER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>SAME</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>JOHNSON Co., ARK.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>

13a. FATHER'S NAME <u>ANDREW RICHARDSON</u>	13b. MOTHER'S MAIDEN NAME <u>MARGARET DORSEY</u>	14. NAME OF HUSBAND OR WIFE <u>JEWEL RICHARDSON</u>
--	---	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give name and dates of service) <u>YES WILL</u>	16. SOCIAL SECURITY NO. <u>431-14-3196</u>	17. INFORMANT'S SIGNATURE OR NAME <u>JEWEL RICHARDSON</u>		ADDRESS <u>CHARLESVILLE ARK.</u>
---	---	--	--	-------------------------------------

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH <u>Sudden</u>
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Fracture of skull</u>		DUPLICATE (b) <u>1st Degree Burned</u>			
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		DUPLICATE (c) <u>Truck accident</u>			
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	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
------------------------	----------------------------------	---

21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>	21b. PLACE OF INJURY (e.g., in or about house, factory, street, see bids, etc.) <u>State Highway</u>	21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) <u>Pineville, McDonagh, MO.</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>7-16-53-11:50 a.m.</u>	21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Truck-Collision-wreck</u>

22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at 11:40 A m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>R. M. Humphrey Jr. Coroner</u>	23b. ADDRESS <u>Noel Mo.</u>	23c. DATE SIGNED <u>7-23-53</u>
---	---------------------------------	------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>	24b. DATE <u>7-19-53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>HANAR CEMETERY</u>	24d. LOCATION (City, town, or county) (State) <u>JOHNSON Co., ARK.</u>
---	-----------------------------	---	---

DATE REC'D BY LOCAL REG. <u>7-24-53</u>	REGISTRAR'S SIGNATURE <u>Margaret Humphrey</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>R. M. Humphrey</u>	ADDRESS <u>Pineville, Mo.</u>
--	---	---	----------------------------------

(Licensed Embalmer's Statement on Reverse Side)

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

AUG 25 1953

AUG 25 1953

AUG 25 1953

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was <sup>NOT</sup> embalmed by me, or by \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_

Student Embalmer

Signed \_\_\_\_\_

Licensed Embalmer No. \_\_\_\_\_

P. O. Address \_\_\_\_\_

\*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.