

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **3974**

FILED FEB 23 1954

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **38** PRIMARY REG. DIST. NO. **3006** Registrar's No. **52**

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

|  |  |   |   |
|--|--|---|---|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Boone</b>  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <b>Missouri</b> b. COUNTY <b>Boone</b>   |   |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Columbia</b>   |  | c. CITY OR TOWN <b>Columbia</b>   | d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. LENGTH OF STAY (In this place) <b>39 yrs</b>  |  | e. STREET ADDRESS (If rural, give location) <b>806 Tandy Ave. 01050</b>   |   |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <b>806 Tandy Ave.,</b>   |  |   |   |
| 3. NAME OF DECEASED<br>(Type or Print) a. (First) <b>Emma</b> b. (Middle) <b>Richardson</b> c. (Last) <b>Richardson</b>  |  |   | 4. DATE OF DEATH (Month) (Day) (Year) <b>Feb. 13, 1954</b>  |
| 5. SEX <b>Female</b>   | 6. COLOR OR RACE <b>White</b>  | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>   | 8. DATE OF BIRTH <b>July 29, 1876</b>   |
| 9. AGE (In years last birthday) <b>77</b>  |  | IF UNDER 1 YEAR Months <b>77</b> Days   | IF UNDER 24 HRS. Hours <b>77</b> Min.   |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>   | 10b. KIND OF BUSINESS OR INDUSTRY <b>Home</b>  | 11. BIRTHPLACE (City and State or Foreign Country) <b>Centralia, Missouri</b>   | 12. CITIZEN OF WHAT COUNTRY? <b>USA</b>   |
| 13a. FATHER'S NAME <b>James Daily</b>  | 13b. MOTHER'S MAIDEN NAME <b>Margarete Cunningham</b>  | 14. NAME OF HUSBAND OR WIFE <b>Albert H. 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>---</b>   | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Albert Richardson, Columbia, Mo.</b>   |   |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.               |  | MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Arteriosclerotic Heart Dis</b><br><br>ANTECEDENT CAUSES<br>Morbid conditions, if any, giving DUE TO (b) <b>Arteriosclerosis</b><br>rise to the above cause (a) stating the underlying cause last.<br><br>DUE TO (c)<br><br>II. OTHER SIGNIFICANT CONDITIONS<br>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)   | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)               | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>4200</b>   |   |
| 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 <b>2-13-54</b> , 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at <b>3 am</b> m., from the causes and on the date stated above. |  |   |   |
| 23a. SIGNATURE (Degree or title) <b>Lenny Sweet JMO Coroner</b>  |  | 23b. ADDRESS <b>Columbia Mo.</b>  | 23c. DATE SIGNED <b>2-15-54</b>   |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>  | 24b. DATE <b>Feb. 14, 1954</b>   | 24c. NAME OF CEMETERY OR CREMATORY <b>Memorial Park</b>   | 24d. LOCATION (City, town, or county) (State) <b>Columbia, Mo.</b>  |
| DATE REC'D BY LOCAL REG. <b>Feb 16 1954</b>  | REGISTRAR'S SIGNATURE <b>Mrs. R.E. Palmer</b>  | 25. FUNERAL DIRECTOR'S SIGNATURE <b>Memorial Funeral Home, Columbia, MO.</b>  |   |

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, ~~only~~....., Student Embalmer No..... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *Ernest A. Spunkle*.....

Licensed Embalmer No. *4013*

P. O. Address *Columbus*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.