No. 300
10.48

DR. COOK.
4TH. ST.

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5631

BIRTH NO. FILED MAR 10 1954 REG. DIST. NO. 270 PRIMARY REG. DIST. NO. 3050 Registrar's No. 27

1. PLACE OF DEATH
a. COUNTY Pemiscot
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Caruthersville
c. LENGTH OF STAY (In this place) 6 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Adams Ave

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE Missouri
b. COUNTY Pemiscot
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Caruthersville
d. STREET ADDRESS (If rural, give location) Adams Ave

3. NAME OF DECEASED (Type or Print)
a. (First) L.
b. (Middle) C.
c. (Last) Richardson

4. DATE OF DEATH (Month) Feb (Day) 23 (Year) 1954

5. SEX Male
6. COLOR OR RACE Negro
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Feb. 27, 1903
9. AGE (In years last birthday) 50 — If under 1 year: Months 11 Days 28 — If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer
10b. KIND OF BUSINESS OR INDUSTRY —
11. BIRTHPLACE (City and State or Foreign Country) Midnight, Mississippi
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Wm. Richardson
13b. MOTHER'S MAIDEN NAME Annie Green
14. NAME OF HUSBAND OR WIFE Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S SIGNATURE OR NAME Annie Holiday — **ADDRESS** Caruthersville 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Unknown — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) did not seek medical attention
DUE TO (c) for past many months. No 7955

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
evidence of past phlg. Had had some type of urinary stone disease

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

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) None
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

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 10:30 a.m., from the causes and on the date stated above.*

23a. SIGNATURE S. B. Beeler (Degree or title) Ex. U. Bootopsier
23b. ADDRESS Caruthersville Mo.
23c. DATE SIGNED 3-1-54

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 2/28/54
24c. NAME OF CEMETERY OR CREMATORY Morgan Ridge
24d. LOCATION (City, town, or county) Caruthersville (State) Mo.

DATE REC'D BY LOCAL REG. March 4, 1954
REGISTRAR'S SIGNATURE Jessie B. Nichols
25. FUNERAL DIRECTOR'S SIGNATURE La Forge Undertaking Co.
ADDRESS Caruthersville Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

3-46-5F

PEMISCOT COUNTY HEALTH DEPARTMENT
COURTHOUSE PHONE 79
CARUTHERSVILLE, MO.
MAR 8 1954

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 Charles E. Mungle
Licensed Embalmer No. 4877
P. O. Address Caruthersville, Mo.

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.