

FILED MAY 18 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 16127  
1877

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Cole</b>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kansas City</b>		c. LENGTH OF STAY (In this place) <b>1 1/2 weeks</b>	c. CITY OR TOWN <b>Jefferson City</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Osteopathic Hospital</b>			e. STREET ADDRESS (If rural, give location) <b>915 Jackson</b>		
3. NAME OF DECEASED (Type or Print) a. (First) <b>George</b> b. (Middle) <b>P.</b> c. (Last) <b>RICHARDSON</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>April 25, 1954</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>3-10-94</b>	9. AGE (In years last birthday) <b>60</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>Supt. of Maint. Dept.</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>State Hiway Dept.</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Liberty, Missouri</b>	
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>			13a. FATHER'S NAME <b>George P. Richardson</b>		
13b. MOTHER'S MAIDEN NAME <b>Anna Cowan</b>			14. NAME OF HUSBAND OR WIFE <b>Catherine Richardson</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>Yes WW-I</b>		16. SOCIAL SECURITY NO. <b>none</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. Catherine Richardson, Jefferson City Mo.</b>	
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, ashenia, etc. It means the disease, injury, or complication which caused death.			MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Pulmonary Edema</b> INTERVAL BETWEEN ONSET AND DEATH <b>one hr</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Pneumonia lobar.</b> <b>72 hrs</b> DUE TO (c) <b>infect of Lung areas</b> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Reconstruction of left knee joint</b> <b>490X</b>		
19a. DATE OF OPERATION <b>4-15-54</b>		19b. MAJOR FINDINGS OF OPERATION <b>massive destructive lesions of left knee joint</b>			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) (Min.)		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>4-13</b> , 1954, to <b>4-25</b> , 1954, that I last saw the deceased alive on <b>4-25</b> , 1954, and that death occurred at <b>4:39 P.M.</b> , from the causes and on the date stated above.					
23a. SIGNATURE <b>W. Mc Grath</b> (Degree or title)			23b. ADDRESS <b>DO 2-1001-4 Scantt Bldg.</b>		23c. DATE SIGNED <b>4-26-54</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>4-26-54</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Jefferson City, Mo.</b>	
24d. LOCATION (City, town, or county) (State)		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Melody-McGilliey-Eylar, Kansas City, Mo.</b>			
DATE REC'D BY LOCAL REG. <b>4-26-54</b>		REGISTRAR'S SIGNATURE <b>Geraldine Smith</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Melody-McGilliey-Eylar, Kansas City, Mo.</b>	

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

Dr. Mc Grath  
and Harrison

Mr. 1404

AUG 10 1954

MAY 5

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.....  
Signature of Student Embalmer

Signed *Arthur Eugene Hook*.....

Licensed Embalmer No. 49.....

P. O. Address *H.C. 1*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F 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.