

FILED JUL 6 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 21928

Registrar's No. 307

BIRTH NO. _____		REG. DIST. NO. 378		PRIMARY REG. DIST. NO. 4552		Registrar's No. 307			
1. PLACE OF DEATH a. COUNTY Wright				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo.				b. COUNTY Wright	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Mtn. Grove, Mo.		c. LENGTH OF STAY (In this place) 4 Yrs.		c. CITY OR TOWN Mtn. Grove,		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 414 Green St.				e. STREET ADDRESS (If rural, give location) 414 Green St.				1140	
3. NAME OF DECEASED (Type or Print) a. (First) Sallie			b. (Middle) D.		c. (Last) Richardson		4. DATE OF DEATH (Month) (Day) (Year) June 16, 1954		
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Dec. 1, 1868		9. AGE (In years last birthday) Months Days Hours Mins. 85 6 13	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife			10b. KIND OF BUSINESS OR INDUSTRY Houseduties		11. BIRTHPLACE (City and State or Foreign Country) Tazwell, Tenn.			12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Asher Rice			13b. MOTHER'S MAIDEN NAME Martha Hayes			14. NAME OF HUSBAND OR WIFE Thomas Marion Richardson			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No XXX		16. SOCIAL SECURITY NO. XXX		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Frank Richardson, Mtn. Grove, 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 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Insufficiency ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Atherosclerosis & Hypertension DUE TO (c) Endarteritis Obliterans II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						INTERVAL BETWEEN ONSET AND DEATH 1952 Nov. 1954	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4201						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) m.		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 April, 1952, to June 16, 1954, that I last saw the deceased alive on June 14, 1954, and that death occurred at 6 P.M., from the causes and on the date stated above.									
23a. SIGNATURE [Signature]				23b. ADDRESS Mtn. Grove, Missouri				23c. DATE SIGNED 6-18-54	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE June 18, 1954		24c. NAME OF CEMETERY OR CREMATORY Thomas Cemetery		24d. LOCATION (City, town, or county) (State) Noorwood, Missouri			
DATE REC'D BY LOCAL REG. 6-22-54		REGISTRAR'S SIGNATURE A.B. Ames		348-0		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Russell W. Barber Mtn. Grove, Mo.			

(Licensed Embalmer's Statement on Reverse Side)

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

ORIGINAL
11-4

WINIGHT
County File Number 254-21
Date Filed 7-3-54

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 Russell W Barber

Licensed Embalmer No. 3846

P. O. Address Wm Gr

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.