

FILED JUL 29 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

23383

State File No.

BIRTH NO. _____		REG. DIST. NO. <u>157</u>		PRIMARY REG. DIST. NO. <u>3028</u>		Registrar's No. <u>157</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY Jasper		a. STATE Missouri		b. COUNTY Jasper			
b. CITY (If outside corporate limits, write RURAL and give township) Carthage		c. LENGTH OF STAY (In this place) 1 yr.		c. CITY OR TOWN Carthage, Mo.		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 206 1/2 W. 3 rd.				STREET ADDRESS (If rural, give location) 206 1/2 W. 3rd.			
3. NAME OF DECEASED (Type or Print)		a. (First) Walter		b. (Middle) G.		c. (Last) Richardson	
4. DATE OF DEATH		(Month) (Day) (Year)		7-18-1954			
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced		8. DATE OF BIRTH 3-7-1885	9. AGE (In years last birthday) 69	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret'd Produce man		10b. KIND OF BUSINESS OR INDUSTRY Produce		11. BIRTHPLACE (City and State or Foreign Country) Lebanon Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Sheridan, Richardson		13b. MOTHER'S MAIDEN NAME Tobitha Pulse		14. NAME OF HUSBAND OR WIFE Grace Gintz Richardson			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. 500-0941061		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Don Richardson Carthage, Mo.			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH 12-16 hrs	
<p>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Heat exhaustion					
		ANTECEDENT CAUSES					
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____				E9310 22	
		II. OTHER SIGNIFICANT CONDITIONS 1. Digitalis poisoning. 2. Arterio-sclerotic heart disease. 3. Moderate alcoholism					
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) 116			
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 <u>8/12</u> , 19 <u>53</u> , to <u>7/18</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>7/18</u> , 19 <u>54</u> , and that death occurred at <u>10:23 a.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) M. D.				23b. ADDRESS Carthage, Missouri		23c. DATE SIGNED 7/19/54	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 7-21-1954		24c. NAME OF CEMETERY OR CREMATORY Park Cemetery		24d. LOCATION (City, town, or county) (State) Carthage, Missouri	
DATE REC'D BY LOCAL REG. 7-21-54		REGISTRAR'S SIGNATURE Margaret Carter		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Ulmer Funeral Home Carthage, Mo.			

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10.48

JUL 28 1954

RECEIVED JUL 28 1954
Jasper County Health Office
County File Number 54-7-6
Date Filed JUL 28 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.....
Signature of Student Embalmer

Signed..... *William B. Can...*

Licensed Embalmer No. 480
P. O. Address *Carole...*

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.