

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED OCT 4 1954

State File No. **32129**
Registrar's No. **8423**

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 8423			
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY _____					
b. CITY (If outside corporate limits, write RURAL and give town/ship) St. Louis		c. LENGTH OF STAY (in this place) 1 Wk.		c. CITY (If outside corporate limits, write RURAL and give township) Pine Lawn #14		d. STREET ADDRESS (If rural, give location) 4218 Jennings Road			
d. FULL NAME OF HOSPITAL OR INSTITUTION Jewish Hosp.									
3. NAME OF DECEASED (Type or Print) a. (First) Gerald b. (Middle) Clyde c. (Last) Richardson			4. DATE OF DEATH (Month) (Day) (Year) 9 / 14 / 54						
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Nov. 25, 1883			
9. AGE (In years last birthday) 70		10. USUAL OCCUPATION (If deceased does during most of working life, even if retired) Retired Telephone Worker		11. BIRTHPLACE (State or foreign country) Wheeling West Va.		12. CITIZEN OF WHAT COUNTRY? USA			
13a. FATHER'S NAME Isaac Richardson		13b. MOTHER'S MAIDEN NAME Lucinda Clard		14. NAME OF HUSBAND OR WIFE Daisy May 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. None		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <i>Mrs. Mary Richardson 4218 Jennings Rd</i>					
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, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of pancreas ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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? 157X					
22. I hereby certify that I attended the deceased from May 1954 , to Sep 13, 1954 , that I last saw the deceased alive on Sep 13, 1954 , and that death occurred at 6:00 a.m. , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <i>Michael M. Karl, M.D.</i>				23b. ADDRESS Jewish Hospital		23c. DATE SIGNED 9-14-54			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 9/15/54		24c. NAME OF CEMETERY OR CREMATORY River View		24d. LOCATION (City, town, or county) (State) Arkansas City Kan.			
DATE REC'D BY LOCAL REG. SEP 14 1954		REGISTRAR'S SIGNATURE <i>J. Earl Smith, M.D.</i>		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <i>J. Mullend Somo 5765 Hillmar Bl. St. J. Mo.</i>					

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

W. M. Karl.
4652 Maryland Ave.
1 P.M.

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

Allen Harris Jr.

Licensed Embalmer No. *4653*

P. O. Address *Sr J.*

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.