

FILED APR 25 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **11340**

BIRTH NO. _____ REG. DIST. NO. **73** PRIMARY REG. DIST. NO. **3014** Registrar's No. **31**

1. PLACE OF DEATH a. COUNTY Platte		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Platte	
b. CITY (If outside corporate limits, write RURAL and give township) Liberty		c. CITY OR TOWN Liberty	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) Life		STREET ADDRESS (If rural, give location) 139 Morse Ave.	
d. FULL NAME OF HOSPITAL OR INSTITUTION 139 Morse Ave.			

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) ANNA	b. (Middle) COWAN	c. (Last) RICHARDSON	(Month) Apr.	(Day) 20	(Year) 55

5. SEX Female	6. COLOR OR RACE White	7. MARRIED: NEVER MARRIED, WIDOWER, DIVORCED (Specify) Widowed	8. DATE OF BIRTH July 4 - 1866	9. AGE (In years, last birthday) 88	10. UNDER 1 YEAR Months _____ Days _____	11. UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY <input checked="" type="checkbox"/>	11. BIRTHPLACE (City and State or Foreign Country) Plainsville W. Va.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME James B. Cowan	13b. MOTHER'S MAIDEN NAME unk	14. NAME OF HUSBAND OR WIFE Young George Richardson
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. no	17. INFORMANT'S SIGNATURE OR NAME Mrs. Cecil Graham Liberty, Mo.	ADDRESS _____
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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		INTERVAL BETWEEN ONSET AND DEATH 1 day
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Generalized Arteriosclerosis		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Nerve plegia, @ VA		Nov. 1874	

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION 3-31 X	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) _____
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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? _____
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22. I hereby certify that I attended the deceased from **Jan**, 195**X**, to **Apr. 20**, 19**55**, that I last saw the deceased alive on **Apr. 19**, 19**55**, and that death occurred at **11 A** m., from the causes and on the date stated above.

23a. SIGNATURE Glen W. Standron M.D.	23b. ADDRESS Liberty, Mo.	23c. DATE SIGNED 4-20-55
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Apr. 22-55	24c. NAME OF CEMETERY OR CREMATORY Garner Cem.	24d. LOCATION (City, town, or county) Liberty Mo. (State) _____
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DATE REC'D BY LOCAL REG. April 22-1955	REGISTRAR'S SIGNATURE Netel Graham 491.	25. FUNERAL DIRECTOR'S SIGNATURE James - Arnold G. Liberty, Mo.	ADDRESS _____
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 *John L. Loberg*

Licensed Embalmer No. *4448*

P. O. Address *Liberty*

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.