

FILED APR 25 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **12116**

BIRTH NO. _____ REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1003** Registrar's No. **1405**

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY JACKSON	
b. CITY (If outside corporate limits, write RURAL and give township) KANSAS CITY		c. LENGTH OF STAY (in this place) 2 YEARS	c. CITY OR TOWN KANSAS CITY
d. FULL NAME OF HOSPITAL OR INSTITUTION 4922 CHESTNUT AVENUE		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
STREET ADDRESS 4922 CHESTNUT AVENUE		3779	

3. NAME OF DECEASED (Type or Print) a. (First) ETHELBERT b. (Middle) JOHN c. (Last) RICHARDSON		4. DATE OF DEATH (Month) (Day) (Year) MAR 29 1955	
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH OCT. 10, 1913
10a. USUAL OCCUPATION (If week kind of work doing during most of working life, even if retired) BLACKSMITH		10b. KIND OF BUSINESS OR INDUSTRY K.C. TERMINAL RR	11. BIRTHPLACE (City and State or Foreign Country) WALKER, MISSOURI
12. CITIZEN OF WHAT COUNTRY? U.S.A.		14. NAME OF HUSBAND OR WIFE RICHARDSON	

13a. FATHER'S NAME ETHELBERT RICHARDSON		13b. MOTHER'S MAIDEN NAME Myrtle Cofer	14. NAME OF HUSBAND OR WIFE Beulah
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. 49-07-751	17. INFORMANT'S SIGNATURE OR NAME Beulah Richardson
		ADDRESS 4922 CHESTNUT K.C. 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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CARCINOMA OF LEFT LUNG.		INTERVAL BETWEEN ONSET AND DEATH 163X
	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.			

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)
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 **11/20/54**, to **3-29-55**, that I last saw the deceased alive on **3/28/55**, 19**55**, and that death occurred at **12:35 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE C. J. Penfold	23b. ADDRESS 2512 Edge Park way	23c. DATE SIGNED 3/29/55
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24a. BURIAL OR CREMATION (REMOVAL) (Specify) BURIAL	24b. DATE MAR 30 1955	24c. NAME OF CEMETERY OR CREMATORY CROWN HILL CEMETERY	24d. LOCATION (City, town, or county) (State) SEDALIA MISSOURI
DATE REC'D BY LOCAL REG. 3-29-55	REGISTRAR'S SIGNATURE new Marshall	25. FUNERAL DIRECTOR'S SIGNATURE Will Newman's Sons	
		ADDRESS 1331 Brush Creek	

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

YS NOV 14 1968

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 *Adrian Jay Still*
.....

Licensed Embalmer No. *488*

P. O. Address *K.C., Mo.*

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.