

No. 300  
10-48

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

22348

State File No. ....

FILED JUL 18 1955

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 2758

1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission.) a. STATE <u>MISSOURI</u> b. COUNTY <u>JACKSON</u>	
b. CITY OR TOWN <u>KANSAS CITY</u>		c. CITY OR TOWN <u>KANSAS CITY</u>	
c. LENGTH OF STAY (in this place) <u>63x</u>		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 <u>Menorah Medical Center</u>		STREET ADDRESS (If rural, give location) <u>5736 5739 HARRISON 3870</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>William</u> b. (Middle) <u>ARTHUR</u> c. (Last) <u>Richardson</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>6 27 55</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>10 March 1887</u>
9. AGE (In years last birthday) <u>68</u>		IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>SECRETARY</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>A. F. L.</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Jamesport Mo.</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>			

13a. FATHER'S NAME <u>Alonzo Richardson</u>	13b. MOTHER'S MAIDEN NAME <u>Katherine Stout</u>	14. NAME OF HUSBAND OR WIFE <u>Frances E. Richardson</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>	16. SOCIAL SECURITY NO. <u>495-05-1910</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>F. E. Richardson 5736 HARRISON</u>

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Severe diffuse Myocarditis</u>		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.	DUE TO (b) <u>Acrophagial constriction</u>		
	DUE TO (c) <u>idiopathic (non-malignant) Lucetic Aortitis.</u>		
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) (Min.)	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 June 27, 1955 to June 27, 1955, that I last saw the deceased alive on June 27, 1955, and that death occurred at 7:35 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Fred Irwig</u> (Degree or title) <u>M.D.</u>	23b. ADDRESS <u>1610 Poplar Hwy. Florissant Mo.</u>	23c. DATE SIGNED <u>June 28, 55</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>29 June 55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Floral Hills</u>
24d. LOCATION (City, town, or county) (State) <u>KANSAS CITY MO.</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Floral Hills Memorial Chapels H.C. MO</u>	
DATE REC'D BY LOCAL REG. <u>6-28-55</u>	REGISTRAR'S SIGNATURE <u>Neva Marshall</u>	

(Licensed Embalmer's Statement on Reverse Side)

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 *Lloyd C M Paul*.....

Licensed Embalmer No. *480*

P. O. Address *71 E*.....

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.