

FILED SEP 7 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 26684

BIRTH NO. REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 356

1. PLACE OF DEATH a. COUNTY JASPER		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY JASPER	
b. CITY (If outside corporate limits, write RURAL and give town) JOPLIN	c. LENGTH OF STAY (In this place) 18 YRS	c. CITY OR TOWN JOPLIN	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 2630 SALEM		f. STREET ADDRESS (If rural, give location) 2630 SALEM	

3. NAME OF DECEASED (Type or Print) a. (First) DORSIA	b. (Middle)	c. (Last) RICHARDSON	4. DATE OF DEATH (Month) AUGUST (Day) 30 (Year) 1955
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, SEPARATED	8. DATE OF BIRTH JANUARY 26, 1910
9. AGE (In years last birthday) 45	IF UNDER 1 YEAR Months 7 Days 11	IF UNDER 24 HRS. Hours Min.	11. BIRTHPLACE (City and State or Foreign Country) OPATHA, OKLAHOMA
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LABORER	10b. KIND OF BUSINESS OR INDUSTRY TAMKO ROOFING, CO	12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME EDWARD RICHARDSON	13b. MOTHER'S MAIDEN NAME ELIZA HALL	14. NAME OF HUSBAND OR WIFE FRANCES RICHARDSON	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS FRANCES RICHARDSON JOPLIN, MO	
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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, assthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) MASSIVE MYOCARDIAL INFARCTION  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) STENOSIS POSTERIOR CORONARY ARTERY  DUE TO (c)		INTERVAL BETWEEN ONSET AND DEATH MINUTES D.O.A.
	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) m.	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 AUGUST 30, 1955, to AUGUST 30, 1955, that I last saw the deceased alive on AUGUST 15, 1955, and that death occurred at 6 AM m., from the causes and on the date stated above. D.O.A.

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
<i>John K. Berry, M.D.</i>	WEBB CITY, MO	8.30.55
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 9-2-1955	24c. NAME OF CEMETERY OR CREMATORY THOPE CEMETERY
24d. LOCATION (City, town, or county) WEBB CITY		(State) MO

DATE REC'D BY LOCAL REG. 9-3-55	DECEASED'S SIGNATURE <i>John K. Berry</i>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS HEDGE-LEWIS FUNER L HOME WEBB CITY, MO
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(Licensed Embalmer's Statement on Reverse Side)

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

MAR 6 1958

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 *Richard Gray Lee*.....

Licensed Embalmer No. *440*.....

P. O. Address *Webb*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.