

FILED JAN 6 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **42542**
Registrar's No. **11386**

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		State File No. 42542		Registrar's No. 11386						
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 township) OR TOWN St. Louis, Missouri			c. LENGTH OF STAY (In this place) _____		c. CITY OR TOWN St. Louis		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 Enroute City Hospital					e. STREET ADDRESS (If rural, give location) 25 819 1/2 Market Street., 225/0									
3. NAME OF DECEASED (Type or Print) a. (First) John			b. (Middle) Madison		c. (Last) Richardson		4. DATE OF DEATH (Month) (Day) (Year) December 21, 1955							
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married		8. DATE OF BIRTH August 20, 1879		9. AGE (In years last birthday) 76						
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired-Odd Jobs			10b. KIND OF BUSINESS OR INDUSTRY Nil		11. BIRTHPLACE (City and State or Foreign Country) Canaan, Missouri			12. CITIZEN OF WHAT COUNTRY? U.S.A.						
13a. FATHER'S NAME Andrew J. Richardson			13b. MOTHER'S MAIDEN NAME Margaret Jane Cantley			14. NAME OF HUSBAND OR WIFE Nil								
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. Nil		17. INFORMANT'S SIGNATURE OR NAME Marvin Richardson, Owensville, Mo.				ADDRESS _____					
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Sclerosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Arterio Sclerosis 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.					INTERVAL BETWEEN ONSET AND DEATH _____				
19a. DATE OF OPERATION _____			19b. MAJOR FINDINGS OF OPERATION _____			20. AUTOPSY? 4201 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) _____		21d. (COUNTY) _____		21e. (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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 8:00 A.M. , from the causes and on the date stated above.														
23a. SIGNATURE (Inscribed or title) Paul Smith M.D.					23b. ADDRESS 1300 Clarke			23c. DATE SIGNED 12/27/55						
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 12-25-55		24c. NAME OF CEMETERY OR CREMATORY Local		24d. LOCATION (City, town, or county) (State) Owensville, Missouri.								
DATE REC'D BY LOCAL REG. DEC 27 1955		REGISTRAR'S SIGNATURE Paul Smith M.D.			25. FUNERAL DIRECTOR'S SIGNATURE Albert H. Hoppe, 4700 Washington Blvd					ADDRESS _____				

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10.48

1956
8
MIN

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 *J. Wm. Benkley*

Licensed Embalmer No. *365*
P. O. Address *St. Louis*

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.