

FILED MAY 14 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 12352

BIRTH NO. _____		REG. DIST. NO. <u>38</u>		PRIMARY REG. DIST. NO. <u>3006</u>		Registrar's No. <u>150</u>			
1. PLACE OF DEATH a. COUNTY <u>BOONE</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>RANDOLPH</u>					
b. CITY OR TOWN <u>COLUMBIA</u>		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) <u>CLIFTON Hill, Mo.</u>		d. STREET ADDRESS (If rural, give location) <u>0.880</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>BOONE COUNTY HOSPITAL</u>									
3. NAME OF DECEASED (Type or Print) <u>Luxine</u>			a. (First)		b. (Middle)		c. (Last) <u>Richeson</u>		
4. DATE OF DEATH (Month) (Day) (Year) <u>May 10 1956</u>		5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>JAN. 19, 1890</u>	
9. AGE (In years last birthday) <u>66</u>		IF UNDER 1 YEAR Months <u>3</u> Days <u>21</u>		IF UNDER 24 HRS. Hours <u></u> Min. <u></u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSE WIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>HOUSEWIFE</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>CLIFTON Hill, MO.</u>				12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>					
13a. FATHER'S NAME <u>NATHAN HURT</u>			13b. MOTHER'S MAIDEN NAME <u>W. FELLA</u>			14. NAME OF HUSBAND OR WIFE <u>JOSEPH E. RICHESON</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>-</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Joseph E. Richeson</u>				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) <u>Adenocarcinoma Rt. Breast</u> ANTECEDENT CAUSES <u>WITH generalized metastases</u> Morbidity 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. <u>INTRAcranial metastases</u>						INTERVAL BETWEEN ONSET AND DEATH <u>1 year</u> <u>170X</u>	
19a. DATE OF OPERATION <u>Aug 1955</u>		19b. MAJOR FINDINGS OF OPERATION <u>Rt. radical mastectomy for Carcinoma Breast</u>						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 <u>Aug 1955</u> , to <u>May 10, 1956</u> , that I last saw the deceased alive on <u>May 10, 1956</u> and that death occurred at <u>5 a. m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>John J. Modlin M.D.</u>				23b. ADDRESS <u>Columbia Professional Bldg</u>			23c. DATE SIGNED <u>10 May 1956</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>May 12, 1956</u>		24c. NAME OF CEMETERY OR CREMATORY <u>CLIFTON HILL CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>CLIFTON Hill, MO</u>			
DATE REC'D BY LOCAL REG. <u>May 10, 1956</u>		REGISTRAR'S SIGNATURE <u>Mrs. R. E. Palmer</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>J. B. Patton's Sons, Huntsville, Mo.</u>				

(Licensed Embalmer's Statement on Reverse Side)

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

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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
Student Embalmer

Signed Paul Patton

Licensed Embalmer No. 4095

P. O. Address Duntonville, MS.

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 this body is not embalmed, fact should be so stated above.