

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

13778

State File No.

FILED MAY 7 1956

BIRTH NO. 124 REG. DIST. NO. 163 PRIMARY REG. DIST. NO. 57-96 Registrar's No. 23

1. PLACE OF DEATH a. COUNTY <u>JEFFERSON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>JEFF</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ALBERT VALLE</u>		c. CITY OR TOWN <u>VALLES MINES</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (in this place) <u>14 YRS</u>		e. STREET ADDRESS (If rural, give location) <u>0500</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>VALLES MINES, Mo.</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>MARY</u> b. (Middle) <u>ELIZABETH</u> c. (Last) <u>RICHARDSON</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>APR 27 1956</u>		
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>AUG 24 1869</u>	9. AGE (In years last birthday) <u>86</u>	10. UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>at home</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>PHELPS Co. Mo.</u>	
13a. FATHER'S NAME <u>THOS JEFFERSON MOSS</u>			13b. MOTHER'S MAIDEN NAME <u>SUSANNA C. SHANKS</u>		14. NAME OF HUSBAND OR WIFE <u>THOMAS 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>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME <u>PETE PARKER</u> ADDRESS <u>VALLES MINES</u>		
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH <u>6 days</u>
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>		DUE TO (b) <u>Arteriosclerosis</u>			
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (c) <u>Senility</u>			
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 <u>331x</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) 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 Jan. 1955, to April 27, 1956, that I last saw the deceased alive on April 27, 1956, and that death occurred at 11:59 m., from the causes and on the date stated above.

23a. SIGNATURE <u>Chas. E. Owen</u> (Degree or title)		23b. ADDRESS <u>De Soto, Mo</u>		23c. DATE SIGNED <u>4/28/56</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>APR 29 1956</u>		24c. NAME OF CEMETERY OR CREMATORY <u>BUSTER CEMETERY</u>	
24d. LOCATION (City, town, or county) (State) <u>VALLE MINES Mo.</u>					

DATE REC'D BY LOCAL REG. <u>4-30-56</u>		REGISTRAR'S SIGNATURE <u>Marie Harris</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Donnell B. Smith</u> ADDRESS <u>De Soto Mo</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

460

JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI

DATE RECEIVED

MAY 5 1956

9561 2 2 NOV 1956

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 *Small B. Beatrice*

Licensed Embalmer No. *410*

P. O. Address *Osht*

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.