

FILED JUN 11 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **17135**

BIRTH NO. _____ REG. DIST. NO. **236** PRIMARY REG. DIST. NO. **5818** Registrar's No. **37**

1. PLACE OF DEATH a. COUNTY Morgan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Morgan	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Moreau Township		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Versailles	
c. LENGTH OF STAY (in this place) 10 yrs		d. STREET ADDRESS (If rural, give location) 6 N. Versailles, Mo.	
d. FULL NAME OF HOSPITAL OR INSTITUTION 6 N. Versailles,			

3. NAME OF DECEASED (Type or Print) a. (First) Maria b. (Middle) Matilde c. (Last) Richardson			4. DATE OF DEATH (Month) (Day) (Year) June 1, 1956		
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH Aug. 4, 1902		9. AGE (In years last birthday) 53		IF UNDER 1 YEAR Months 9 Days 27 IF UNDER 24 HRS. Hours Min. 	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Teacher		10b. KIND OF BUSINESS OR INDUSTRY Retired		11. BIRTHPLACE (State or foreign country) Puerto Rico	
12. CITIZEN OF WHAT COUNTRY? U.S.A.					

13a. FATHER'S NAME Juan Maldonado		13b. MOTHER'S MAIDEN NAME Jennie Soltero		14. NAME OF HUSBAND OR WIFE Wade Richardson	
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. Unknown		17. INFORMANT'S SIGNATURE OR NAME Wade Richardson ADDRESS Versailles, Mo.	

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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Metastatic cancer of breast				INTERVAL BETWEEN ONSET AND DEATH 2 1/2 yrs.	
		ANTECEDENT CAUSES Morbid 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.					

19a. DATE OF OPERATION 1.4.56		19b. MAJOR FINDINGS OF OPERATION Adenocarcinoma of right breast.			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) 170X		
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 **June 1, 1956**, and that death occurred at **3 pm.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Jack Quinn M.D.		23b. ADDRESS Versailles, Mo.		23c. DATE SIGNED 6.2.56	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 3 June 56		24c. NAME OF CEMETERY OR CREMATORY Versailles Cemetery	
				24d. LOCATION (City, town, or county) (State) Versailles, Mo.	

DATE REC'D BY LOCAL REG. 6-5-56		REGISTRAR'S SIGNATURE K. L. Yastler		25. FUNERAL DIRECTOR'S SIGNATURE W. F. Kishel ADDRESS Versailles, Mo.	
----------------------------------------	--	--------------------------------------------	--	-------------------------------------------------------------------------------------	--

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

119

JUN 11 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
Student Embalmer

Signed Raymond C. Foster

Licensed Embalmer No. 4626

P. O. Address Wesley, Mo

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.