

FILED DEC 13 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH38209
STATE FILE NUMBER
5079
Registrar's No.

Registration District No. 149 Primary Registration District No. 1002

| | | | | | | | |
|--|----------------------------------|---|--|--|---|--|---|
| 1. PLACE OF DEATH a. COUNTY <u>Johnson Jackson</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Douglas</u> | | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Kansas City</u> | | | Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/> | | c. CITY OR TOWN <u>Ava</u> | | Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Veterans Adm. Hosp.</u> | | | Length of stay in lb <u>48 days</u> | | d. STREET ADDRESS <u>Route 3</u> | | Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print) <u>WILLIE</u> | | | | First <u>Middle</u> Last <u>RICHARDSON</u> | | 4. DATE OF DEATH Month <u>November</u> Day <u>22</u> , Year <u>1956</u> | |
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | | 8. DATE OF BIRTH <u>9-22-95</u> | | 9. AGE (In years last birthday) <u>61 yrs</u> | IF UNDER 1 YEAR Months _____ Days _____ Hours _____ Min _____ |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer-Retired</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u> | | 11. BIRTHPLACE (City and state or country) <u>Mountain Home, Arkansas</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> | |
| 13. FATHER'S NAME <u>Sherman Richardson</u> | | | | 14. MOTHER'S MAIDEN NAME <u>Susie Grounds</u> | | | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes</u> | | 16. SOCIAL SECURITY NO. <u>WW I</u> | | 17. INFORMANT <u>VA Hospital Records, 4801 Linwood, K.C. Mo</u> | | Address | |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Carcinoma of lung with metastases</u> | | | | | | | INTERVAL BETWEEN ONSET AND DEATH <u>2 years</u> |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | | | | | | | 16 2x |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) | | | | | | | 19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |
| 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | | | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) | | | | |
| 20c. TIME OF INJURY Hour _____ Month _____ Day _____ Year _____ a. m. _____ p. m. _____ | | | | | | | |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) | | 20f. CITY, TOWN, OR LOCATION | | COUNTY STATE | |
| 21. Attended the deceased from <u>Oct. 5, 1956</u> to <u>Nov. 22, 1956</u> Death occurred at <u>6:50</u> p m on the date stated above; and to the best of my knowledge, from the causes stated. | | | | | | | |
| 22a. SIGNATURE <u>ERWIN JOFFE</u> (Degree or title) <u>D</u> | | | | 22b. ADDRESS <u>M.D. VA Hospital, K. C. Mo</u> | | 22c. DATE SIGNED <u>11-22-56</u> | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) | | 23b. DATE | 23c. NAME OF CEMETERY OR CREMATORY | | 23d. LOCATION (City, town, or county) (State) | | |
| <u>BURIAL</u> | | <u>Nov. 23, 1956</u> | | | <u>Ava Missouri</u> | | |
| 24. FUNERAL DIRECTOR <u>DW. NEWCOMER'S SONS</u> | | | ADDRESS <u>1331 BRUSH CREEK KANSAS CITY, MO.</u> | 25. DATE RECD. BY LOCAL REG. <u>11-23-56</u> | | 26. REGISTRAR'S SIGNATURE <u>Neva Minshall</u> | |

diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

(Licensed Embalmer's Statement on Reverse Side)

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 *Chester K Brown*

Licensed Embalmer No. *4*

P. O. Address *KE*

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.