

FILED JAN 14 1957

STANDARD CERTIFICATE OF DEATH

State File No. **42136**BIRTH NO. _____ REG. DIST. NO. **200** PRIMARY REG. DIST. NO. **4310** Registrar's No. **242**

1. PLACE OF DEATH a. COUNTY Macou				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Macou			
b. CITY (If outside corporate limits, write RURAL and give town) Bevier		c. LENGTH OF STAY (In this place)		c. CITY OR TOWN Bevier		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 Francis & John H. Richardson				e. STREET ADDRESS (If rural, give location) 2610			
3. NAME OF DECEASED (Type or Print) a. (First) Frances b. (Middle) Olive c. (Last) Richardson			4. DATE OF DEATH (Month) 12 (Day) 20 (Year) 56				
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH 5-4-78	
9. AGE (In years last birthday) 78		IF UNDER 1 YEAR Months		IF UNDER 24 HRS. Hours		IF UNDER 2 HRS. Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Domestic			10b. KIND OF BUSINESS OR INDUSTRY -----			11. BIRTHPLACE (City and State or Foreign Country) LaGonda, Mo.	
12. CITIZEN OF WHAT COUNTRY? USA							
13a. FATHER'S NAME Zachariah Tate			13b. MOTHER'S MAIDEN NAME Malissa F. McSparrs			14. NAME OF HUSBAND OR WIFE -----	
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. ---		17. INFORMANT'S SIGNATURE OR NAME Dee Richardson, Bevier, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis				INTERVAL BETWEEN ONSET AND DEATH 20 mins	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) Hypertension					
		DUE TO (c) Arteriosclerosis					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or conditions causing death.							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? 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) (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>11</u> , 19 <u>55</u> , to <u>12-20-56</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>12-20-56</u> , 19 <u>56</u> , and that death occurred at <u>11:35 P.M.</u> from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Frank H. Coffin, D.O.				23b. ADDRESS 106 1/2 Vine St. Macou, Mo.		23c. DATE SIGNED 12-24-56	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 12-23-56		24c. NAME OF CEMETERY OR CREMATORY West Oakwood Cemetery		24d. LOCATION (City, town, or county) (State) Bevier, Missouri	
DATE REC'D BY LOCAL REG. 12/31/56		REGISTRAR'S SIGNATURE Ruth Mcneely		25. FUNERAL DIRECTOR'S SIGNATURE Edward		ADDRESS Bevier, Mo.	

(Licensed Emballer's Statement on Reverse Side)

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

1850

County File No. 8-02-57
Date Filed 1-10-57

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 *H. B. Edwards*.....

Licensed Embalmer No. 1961

P. O. Address *B. P. 112*

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.