

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **424**

FILED JAN 31 1957

BIRTH NO. _____		REG. DIST. NO. 43		PRIMARY REG. DIST. NO. 3007		Registrar's No. 116	
1. PLACE OF DEATH a. COUNTY Butler				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Stoddard			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Poplar Bluff		c. LENGTH OF STAY (In this place) 2 days		c. CITY OR TOWN Dexter		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 Doctors Hospital				e. STREET ADDRESS (If rural, give location) 10310			
3. NAME OF DECEASED (Type or Print) a. (First) Fred		b. (Middle) NMI		c. (Last) Richardson		4. DATE OF DEATH (Month) (Day) (Year) Jan. 11, 1957	
5. SEX male		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH Feb. 13, 1878	
9. AGE (In years last birthday) 78		IF UNDER 1 YEAR Days		IF UNDER 24 Hrs. Hours		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer			10b. KIND OF BUSINESS OR INDUSTRY Laborer			11. BIRTHPLACE (City and State or Foreign Country) Advance, Missouri	
13a. FATHER'S NAME Amos Richardson			13b. MOTHER'S MAIDEN NAME Unknown			14. NAME OF HUSBAND OR WIFE Roine Richardson	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. XXXXXXXXXX		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Roine Richardson Dexter, Mo.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) MEDICAL CERTIFICATION							
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic Cardiovascular Disease						INTERVAL BETWEEN ONSET AND DEATH Unknown	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.							
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Nephrosclerosis						Unknown	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 442X					
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)		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 1-4- 1957 , to 1-11- 1957 , that I last saw the deceased alive on 1-11- 1957 , and that death occurred at 2 P.M. from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Robert Chugalhard M.D. Poplar Bluff, Mo.				23b. ADDRESS		23c. DATE SIGNED 1/17/57	
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE 1-13-57		24c. NAME OF CEMETERY OR CREMATORY Hagy cemetery		24d. LOCATION (City, town, or county) (State) Dexter, Mo.	
DATE REC'D BY LOCAL REG. 1/22/57		REGISTRAR'S SIGNATURE R. H. Minter		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Watkins & Sons Dexter, Mo.			

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

489-0

RECEIVED

JAN 28 1957

BUTLER CO. HEALTH CENTER

FILE No. _____

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 Marsh Watkins

Licensed Embalmer No. 4717

P. O. Address Depta, M.

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.