

Health, Welfare, Public Service
 300
 4-56
 Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.
 USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

4951
 STATE FILE NUMBER
 810

FILED MAR 6 1957

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 810

1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Kansas City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Gen'l Hosp. #1			Length of stay in 18 10 yrs.		d. STREET ADDRESS 210 N. Mersington		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First Jesse Middle CLIFTON Last Richardson				4. DATE OF DEATH Month 2 Day 18 Year 1957					
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH March-1894		9. AGE (In years last birthday) 62	IF UNDER 1 YEAR Months - Days - Hours - Min. -		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman			10b. KIND OF BUSINESS OR INDUSTRY Mid-West Utilities		11. BIRTHPLACE (City and state or country) Kentucky		12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13. FATHER'S NAME Jesse Richardson				14. MOTHER'S MAIDEN NAME Fannie					
15. (a) DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 407-07-2362		17. INFORMANT Address 210 N. Mersington Mrs. Irene Richardson Mersington					
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Bleeding esophageal varices Cirrhosis of liver Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)							INTERVAL BETWEEN ONSET AND DEATH 581⁰		
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. I attended the deceased from Feb. 16, 1957 to Feb. 18, 1957 and last saw him alive on Feb. 18, 1957 Death occurred at 7 A. m on the date stated above; and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE B. L. Burns (Degree or title) 0				22b. ADDRESS 24th & Cherry			22c. DATE SIGNED 2-18-57		
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE Feb-20-1957	23c. NAME OF CEMETERY OR CREMATORY Forest Hill Cem.		23d. LOCATION (City, town, or county) (State) Kansas City, Mo.				
24. FUNERAL DIRECTOR C. H. Blackman & Son, K. C. Mo.			25. DATE RECD. BY LOCAL REG. 2-20-57		26. REGISTRAR'S SIGNATURE Irene Marshall				

(Licensed Embalmer's Statement on Reverse Side)

X
X
APR 22 1958

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 *W.C. Binn*

Licensed Embalmer No. 48

P. O. Address *N.P., Mo.*

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.