

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

16874

STATE FILE NUMBER

FILED MAY 24 1957

Registration District No. 382

Primary Registration District No. 4230

Registrar's No. 15

Health,  
& Welfare  
Public  
Service

300  
1-56

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

1. PLACE OF DEATH a. COUNTY Howard				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Howard			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Armstrong			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Armstrong		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION no street address			Length of stay in 1b 57 years	d. STREET ADDRESS no street address			(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last Jossie Sidney Richardson				4. DATE OF DEATH Month Day Year May 4 1957			
5. SEX female 3	6. COLOR OR RACE negro	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH February 11, 1873	9. AGE (In years last birthday) 84	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife			10b. KIND OF BUSINESS OR INDUSTRY home	11. BIRTHPLACE (City and state or county) Howard County, Missouri		12. CITIZEN OF WHAT COUNTRY? United States	
13. FATHER'S NAME Isam Watts				14. MOTHER'S MAIDEN NAME Anna Hardgrove			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) no none		16. SOCIAL SECURITY NO. none		17. INFORMANT Address Sam I. Richardson: Armstrong, Missouri			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute intestinal obstruction DUE TO (b) Abdominal Carcinomatosis DUE TO (c) Ovarian Carcinoma Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 175X							INTERVAL BETWEEN ONSET AND DEATH 48 hours 6 months unknown
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 <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 April 1 1956 to May 4 1957 and last saw her alive on May 3 1957 Death occurred at 9:00 p. m. on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE Francis J. Dean MD				22b. ADDRESS Payette, Mo		22c. DATE SIGNED 5-11-57	
23a. BURIAL, CREMATION, REMOVAL (Specify) burial		23b. DATE 5-8-1957	23c. NAME OF CEMETERY OR CREMATORY Roanoke Cemetery		23d. LOCATION (City, town, or county) Roanoke, Missouri		(State)
24. FUNERAL DIRECTOR Tom B Patton Huntville, Mo			25. DATE RECD. BY LOCAL REG. 5-13-1957		26. REGISTRAR'S SIGNATURE Walker Audsley		

(Licensed Embalmer's Statement on Reverse Side)

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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 *Tom B. Patton* .....

Licensed Embalmer No. *391* .....

P. O. Address *Huntville* .....

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.