

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

57.021594
STATE FILE NUMBER

FILED JUN 19 1957

Registration District No. 155 Primary Registration District No. 3127 Registrar's No. 103

1. PLACE OF DEATH a. COUNTY Jasper				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jasper			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Webb City, Mo		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Webb City, Mo		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 716 N. Webb St.		Length of stay in 1b 32 Yrs.		d. STREET ADDRESS 716 N. Webb St.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last Earnest Leonard Richardson				4. DATE OF DEATH Month Day Year June 12, 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 July 22, 1874	9. AGE (In years Last birthday) 82	IF UNDER 1 YEAR Months Days Hours Min. 10	IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farming		11. BIRTHPLACE (City and state or country) Bollinger Co. Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME Moses Richardson				14. MOTHER'S MAIDEN NAME Sarah Miller			
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. none		17. INFORMANT Address Mrs. Laura Richardson Webb City Mo			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Chronic pyelonephritis & cystitis DUE TO (b) Prostatic hypertrophy & occluded catheter DUE TO (c) _____ 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) Hypertensive cardiovascular renal disease 610X						INTERVAL BETWEEN ONSET AND DEATH 6 mo. 8 1/2 yrs.	
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 7/26/49 to 6/12/57 and last saw her alive on 6/7/57 Death occurred at 2:35 P. M. on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) M.D.				22b. ADDRESS Webb City, Mo		22c. DATE SIGNED 6/14/57	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE June 15, 1957	23c. NAME OF CEMETERY OR CREMATORY Carterville Cem		23d. LOCATION (City, town, or county) (State) Carterville, Mo		
24. FUNERAL DIRECTOR ADDRESS Johnston-Arnee-Simpson Mortuary Webb City, Mo			25. DATE RECD. BY LOCAL REG. 6-15-57		26. REGISTRAR'S SIGNATURE Mrs. Madeline Switzer		

MEDICAL CERTIFICATION

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.

(Licensed Embalmer's Statement on Reverse Side)

Date Filed JUN 17 1977

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's _____
Signature of Student Embalmer

Signed *Harvey E. Amie*

Licensed Embalmer No. *44*

P. O. Address *Webster*

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.