

FILED AUG 19 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **28901**

BIRTH NO. <u>251</u>		REG. DIST. NO. <u>251</u>		PRIMARY REG. DIST. NO. <u>3048</u>		Registrar's No. <u>194</u>			
1. PLACE OF DEATH a. COUNTY Nodaway				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo.				b. COUNTY Nodaway	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Maryville			c. LENGTH OF STAY (In this place) 5 WKS		c. CITY OR TOWN Hopkins		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Francis Hospital				e. STREET ADDRESS (If rural, give location) Rural-Atchison Twp. 0740					
3. NAME OF DECEASED (Type or Print) a. (First) Lillie			b. (Middle) Elizabeth		c. (Last) Richardson		4. DATE OF DEATH (Month) (Day) (Year) Aug. 6, 1957		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH May 24, 1907		9. AGE (In years last birthday) 50	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		11. BIRTHPLACE (City and State or Foreign Country) / Clarinda, Iowa			12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME Bert Hudson			13b. MOTHER'S MAIDEN NAME Helena Wallace			14. NAME OF HUSBAND OR WIFE Elmer Richardson			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Elmer Richardson, Hopkins, Mo.					
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral arteriosclerosis ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (b) Arteriosclerosis DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>						INTERVAL BETWEEN ONSET AND DEATH 3 2	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 175 X						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (m.)		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>July 6, 1957</u> , to <u>Aug 6, 1957</u> , that I last saw the deceased alive on <u>Aug 5, 1957</u> , and that death occurred at <u>1:30a</u> m., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) B. A. Byland M.D.				23b. ADDRESS Maryville Mo		23c. DATE SIGNED 8-7-57			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 8-8-57	24c. NAME OF CEMETERY OR CREMATORY Bedford		24d. LOCATION (City, town, or county) (State) Bedford, Iowa.				
DATE REC'D BY LOCAL REG. 8-18-57		REGISTRAR'S SIGNATURE Beas Holt			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Stanley Johnson Hopkins, Mo.				

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

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 myself, Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Stanley Swanson 396
Licensed Embalmer No. 366

P. O. Address Hopkins, Y

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.