

FILED DEC 31 1957

Registration District No. 322 Primary Registration District No. 3071 Registrar's No. 10

S. 300
v. 1-57

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.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

1. PLACE OF DEATH a. COUNTY Saline				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Saline			
b. CITY (If outside corporate limits, give TOWNSHIP only) Slater		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Slater		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 409 Main St.		Length of stay in lb Life		d. STREET ADDRESS (If outside, give location) 409 Main St.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Pike Middle Montgomery Last Richardson				4. DATE OF DEATH Month Dec. Day 20 , 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 April 4, 1879		9. AGE (In years last birthday) 78	IF UNDER 1 YEAR Months 0 Days 0	IF UNDER 24 HRS. Hours 0 Min. 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farm	11. BIRTHPLACE (City and state or country) S.E. Slater, Mo.		12. CITIZEN OF WHAT COUNTRY? USA		
13a. FATHER'S NAME R. H. Richardson			13b. MOTHER'S MAIDEN NAME Elizabeth L. Tomson		14. NAME OF HUSBAND OR WIFE Ollie A. Richardson		
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. 496-05-5059	17. INFORMANT Address Mrs. Pike Richardson, Slater, 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) Acute cardiac failure						INTERVAL BETWEEN ONSET AND DEATH 5 min.	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) Chronic myocarditis &				INTERVAL BETWEEN ONSET AND DEATH 8 years	
		DUE TO (c) decompensation				INTERVAL BETWEEN ONSET AND DEATH 3 wks.	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 4222						19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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 4:30 a.m. 2:30 p.m.							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION Slater, Mo.		COUNTY Saline STATE Missouri	
21. I attended the deceased from 10-20-1950 to 12-20-57 and last saw ^{him} alive on 12-18-57 Death occurred at 2:30 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE E. A. McEunney, M.D. (Degree or title)				22b. ADDRESS Slater, Mo.		22c. DATE SIGNED 12/21/57	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 12/22/1957	23c. NAME OF CEMETERY OR CREMATORY Slater City Cemetery		23d. LOCATION (City, town, or county) (State) Slater, Mo.		
24. FUNERAL DIRECTOR W. J. Haines, Jr. Slater, Mo.			ADDRESS Slater, Mo.		25. DATE RECD. BY LOCAL REG. 12/21/57	26. REGISTRAR'S SIGNATURE Mrs. E. C. Metz	

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 *Walter J. Harris, Jr.*

Licensed Embalmer No. *4557*

P. O. Address *Slater, Mo.*

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.