

Health, Welfare, Public Service

300
1-56

ALL diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes. Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed.

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED FEB 26 1958

58-006944
STATE FILE NUMBER

Registration District No. 316 Primary Registration District No. 6071 Registrar's No. 66

1. PLACE OF DEATH a. COUNTY St. Francois		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Francois	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Valles Mines Rural Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN Valles Mines Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Residence		d. STREET ADDRESS Rt. (If outside, give location)	
3. NAME OF DECEASED (Type or print) First EDWARD Middle HUGH Last RICHARDSON		4. DATE OF DEATH Feb. 17, 1958 Month Feb. Day 17 Year 1958	
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 Feb. 28, 1866
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		9b. KIND OF BUSINESS OR INDUSTRY Farming	9c. AGE (In years last birthday) 91 IF UNDER 1 YEAR: Months 11 Days 19 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	10c. BIRTHPLACE (City and state or country) French Village, Mo.
11. BIRTHPLACE (City and state or country) French Village, Mo.		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME James Kennedy Richardson		14. MOTHER'S MAIDEN NAME Mary Beckett	
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 (Name and Address) Mrs. Nancy Richardson Valles Mines, 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) arterio sclerosis DUE TO (b) unknown DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 4500	
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.) 4500		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 Jan-1953 to Feb 17 1958 and last saw her alive on 1-29-58 Death occurred at 7:15 A. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE J. Evans M.D.		22b. ADDRESS Bonne Terre Mo	
22c. DATE SIGNED 2-17-58		23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
23b. DATE Feb. 19, 1958		23c. NAME OF CEMETERY OR CREMATORY Hall Cemetery	
23d. LOCATION (City, town, or county) French Village, Mo.		(State) 	
24. FUNERAL DIRECTOR BOYER & SON ADDRESS Bonne Terre, Mo.		25. DATE RECD. BY LOCAL REG. Feb. 17, 1958	
26. REGISTRAR'S SIGNATURE Ether Rudloff			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 *C. L. Boyer*.....

Licensed Embalmer No. 1671

P. O. Address Desloge, 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.