

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-020903

STATE FILE NUMBER

FILED JUN 23 1958

Registration District No.

38

Primary Registration District No.

3006

Registrar's No.

267

300
-57

6

1. PLACE OF DEATH a. COUNTY Boone				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Barry					
b. CITY (If outside corporate limits, give TOWNSHIP only) Columbia			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Cassville		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) Ellis Fischel St.			Length of stay in lb 1 day	d. STREET ADDRESS Star Route		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First William Middle Earl Last Richardson				4. DATE OF DEATH Month June Day 19 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. 22, 1892		9. AGE (In years last birthday) 66	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) Retired Farmer			10b. KIND OF BUSINESS OR INDUSTRY ---		11. BIRTHPLACE (City and state or country) Manhattan, Kansas		12. CITIZEN OF WHAT COUNTRY? American		
13a. FATHER'S NAME Frank Richardson			13b. MOTHER'S MAIDEN NAME Elizabeth Stewart			14. NAME OF HUSBAND OR WIFE Lola Richardson			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) unknown			16. SOCIAL SECURITY NO. 496-10-2893		17. INFORMANT Hospital Records			Address Columbia, 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) Cardiac Arrest & Ruptured femoral Artery							INTERVAL BETWEEN ONSET AND DEATH 5 mos		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Arteriosclerotic Heart Disease							4200		
DUE TO (c) _____							19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)									
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.) None						
20c. TIME OF INJURY Hour _____ 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 June 18 to June 19 and last saw her alive on June 19, 1958 Death occurred at 12:00 noon m on the date stated above; and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE James K. Attchewch M.D.			(Degree or title)	22b. ADDRESS State Loner Hospital			22c. DATE SIGNED 6-19-58		
23a. BURIAL, CREMATION, OR REMOVAL (Specify) Burial		23b. DATE 6/22/58	23c. NAME OF CEMETERY OR CREMATORY Cassville		23d. LOCATION (City, town, or country) (State) Cassville, MO				
24. FUNERAL DIRECTOR Spencer Spunkle			ADDRESS Columbia, Mo.	25. DATE RECD. BY LOCAL REG. June 19 1958		26. REGISTRAR'S SIGNATURE Mrs. R.E. Palmer			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

X

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 

Licensed Embalmer No. 4013
P. O. Address Columbia, M

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.