

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-029741  
STATE FILE NUMBER

FILED SEP 9 1958 Registration District No. 234 Primary Registration District No. 5816 Registrar's No. 25

0710

1. PLACE OF DEATH a. COUNTY MORGAN		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY MORGAN	
b. CITY OR TOWN RICKLAND Twp. Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN RICKLAND Twp. Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 3 MI N OF FLORENCE Mo Length of stay in 1b		d. STREET ADDRESS (If outside, give location) 4 MI N.W. OF FLORENCE Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Middle Last KENNETH LEE RICHARDSON			4. DATE OF DEATH Month Day Year AUG 30 1958		
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5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH APRIL 18 1936	9. AGE (In years last birthday) 22	IF UNDER 1 YEAR Months 4 Days 12	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LABORER	10b. KIND OF BUSINESS OR INDUSTRY CONST.	11. BIRTHPLACE (City and state or country) SEDALIA Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME OTTO RICHARDSON	13b. MOTHER'S MAIDEN NAME MINNIE KROESCHEN	14. NAME OF HUSBAND OR WIFE NONE
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES 1955-1957	16. SOCIAL SECURITY NO. 491-40-0879	17. INFORMANT OTTO RICHARDSON	Address FLORENCE Mo
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Basal Skull Fracture		INTERVAL BETWEEN ONSET AND DEATH IMMEDIATE
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		

20a. ACCIDENT <input checked="" 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.) Automobile Accident
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20c. TIME OF INJURY 12:30 a.m. 071	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.) STATE HIGHWAY 6135 2 North Florence, Morgan, Mo.	20f. CITY, TOWN, OR LOCATION FLORENCE	COUNTY Morgan	STATE Mo.
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21. I attended the deceased from _____ to _____ and last saw her alive on _____ Death occurred at 12:30 A m on the date stated above; and to the best of my knowledge, from the causes stated.	
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21a. SIGNATURE J. Bartman (Degree or title) 3	22b. ADDRESS Versailles, Mo	22c. DATE SIGNED 2 Sept 58
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23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE SEPT. 1 1958	23c. NAME OF CEMETERY OR CREMATORY FLORENCE CEMETERY	23d. LOCATION (City, town, or county) FLORENCE Mo.
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24. FUNERAL DIRECTOR J. Stevenson	ADDRESS Store No. 2	25. DATE RECD. BY LOCAL REG. Sept 14 1958	26. REGISTRAR'S SIGNATURE Wm. L. Kasperger
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc.: near-use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

JUN 7 1967

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 *J. L. Stevenson* .....

Licensed Embalmer No. *4073* .....  
P. O. Address *Stover 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.