Health, & Welfare Public Service

S. 300
1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-037235
STATE FILE NUMBER

FILED OCT 20 1958 Registration District No. 245 Primary Registration District No. 3047 Registrar's No. 112

1. PLACE OF DEATH
a. COUNTY: Newton
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only): Neosho — Inside Limits: Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Sale Memorial — Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Newton
c. CITY OR TOWN: Rural, Neosho — Inside Limits: Yes [ ] No [ ]
d. STREET ADDRESS (If outside, give location): 0730 Neosho Route # 4 — Reside on Farm: Yes [ ] No [ ]

3. NAME OF DECEASED (Type or print): First / Middle / Last: RAYMOND EVERETT RICHARDSON

4. DATE OF DEATH Month, Day, Year: Sept. 26, 1958

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED [X] **NEVER MARRIED** [ ] **WIDOWED** [ ] **DIVORCED** [ ]
8. DATE OF BIRTH: July 17, 1895
9. AGE (In years last birthday): 63 — 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): Laborer
10b. KIND OF BUSINESS OR INDUSTRY: Common
11. BIRTHPLACE (City and state or country): Cherokee Co., Kansas
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME: John T. Richardson
13b. MOTHER'S MAIDEN NAME: Cora Huffman
14. NAME OF HUSBAND OR WIFE: Letha N. Richardson

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): World War I
16. SOCIAL SECURITY NO.: 500-09-1060
17. INFORMANT / Address: Letha N. Richardson

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Intracranial Lesion of Vascular origin (a) — INTERVAL BETWEEN ONSET AND DEATH: 2 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Arteriosclerosis — over 1 yr
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): 334X

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X]

20a. ACCIDENT [ ] **SUICIDE** [ ] **HOMICIDE** [ ]
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
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 9-13-1958 to 9-26-58 and last saw him alive on 9-26-1958
Death occurred at 1:45 P.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Warren M Jones DO
22b. ADDRESS: Neosho, Mo
22c. DATE SIGNED: 10-6-58

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 9-29-1958
23c. NAME OF CEMETERY OR CREMATORY: Gibson
23d. LOCATION (City, town, or county) (State): Neosho, Missouri

24. FUNERAL DIRECTOR: Corley Thompson Sr — **ADDRESS:** Neosho, Mo.
25. DATE RECD. BY LOCAL REG.: 10-13-58
26. REGISTRAR'S SIGNATURE: Melvin C. Bowman, M.D.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. Newton
District File Number 1958-214
Date Filed OCT 17 1958

OCT 21 1958

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 Carey Thompson Sr.
Licensed Embalmer No. 3259
P. O. Address Neosho 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.