

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-019894

FILED VS MAY 26 1960

Registration District No. 160 Primary Registration District No. 559v Registrar's No. 76

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <u>JEFFERSON</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO</u> b. COUNTY <u>JEFF</u>							
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Justus</u>		Length of stay in 1b		c. CITY OR TOWN <u>DE SOTO</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>					
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>JEFF MEM HOSP</u>			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>Route #1</u>			Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
3. NAME OF DECEASED (Type or print) <u>FREDA KATHRYN RICHARDSON</u>				First		Middle		Last			
4. DATE OF DEATH <u>MAY 8 1960</u>				Month		Day		Year			
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>Aug 18, 1895</u>		9. AGE (last birthday) <u>64</u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>		11. BIRTHPLACE (City, and state or country) <u>Jefferson Co, MO</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>		IF UNDER 1 YEAR Months Days Hours Min.			
13a. FATHER'S NAME <u>CHARLES HERCHER</u>				13b. MOTHER'S MAIDEN NAME <u>ANNIE HERCHER</u>				14. NAME OF HUSBAND OR WIFE <u>GEO RICHARDSON</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>				16. SOCIAL SECURITY NO.		17. INFORMANT <u>GEO RICHARDSON DE SOTO MO</u>					
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Coronary thrombosis</u>								INTERVAL BETWEEN ONSET AND DEATH <u>May 6, 60</u>			
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>arterio-sclerotic cardio-vascular disease</u>								yes			
DUE TO (c) <u>diagonal</u>											
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown					
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> <u>no</u>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)							
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 <u>Apr 19, 1955</u> to <u>May 8, 60</u> and last saw her <u>alive</u> on <u>May 8, 60</u> Death occurred at <u>4:35 p</u> m on the date stated above, and to the best of my knowledge, from the causes stated.											
22a. SIGNATURE <u>John N. Stall Deputy</u>				(Degree or title)				22b. ADDRESS <u>De Soto, MO</u>		22c. DATE SIGNED <u>1709960</u>	
23a. BURIAL, CREATION, REMOVAL (Specify) <u>burial</u>		23b. DATE <u>5/11/60</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Woodlawn</u>		23d. LOCATION (City, town, or county) <u>DE SOTO</u>		(State) <u>MO</u>			
24. FUNERAL DIRECTOR <u>MAHN Funeral Home DE SOTO, MO</u>				ADDRESS		25. DATE RECD. BY LOCAL REG. <u>May 16, 1960</u>		26. REGISTRAR'S SIGNATURE <u>John N. Stall Deputy</u>			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS MAY 27 1960

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Arald J. Mah...

Licensed Embalmer No. 4975

P. O. Address Dr. Loto,

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform 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.