

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-040827

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

AMENDED

Registration District No. 2733 Primary Registration District No. 3022 Registrar's No. 148

1. PLACE OF DEATH a. COUNTY <u>Harrison</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Calif.</u> b. COUNTY <u>Los Angeles</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Hamilton Township</u>		c. CITY OR TOWN <u>Long Beach</u>	
Length of stay in 1b <u>18 mths</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>5 Mile NW. Eagleville</u>		d. STREET ADDRESS (If outside, give location) <u>1530 Gair</u>	
Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Middle Last <u>Lessie J. Richardson</u>			4. DATE OF DEATH Month Day Year <u>Nov. 19, 1961</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>11-30-1888</u>	9. AGE (last birthday) <u>72</u>	IF UNDER 1 YEAR Months Days <u>11 19</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Union Oil Co.</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Oil Industry</u>	11. BIRTHPLACE (City and state or country) <u>Stockton, Kans.</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.</u>	
13a. FATHER'S NAME <u>Charlie Richardson</u>		13b. MOTHER'S MAIDEN NAME <u>Emma Farmer</u>		14. NAME OF HUSBAND OR WIFE <u>Stella Tull Richardson</u>	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
No

17. INFORMANT Address
Helma Harker, Eagleville, 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) <u>Lobar Pneumonia</u>	INTERVAL BETWEEN ONSET AND DEATH <u>48 hrs.</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	
DUE TO (b) <u>Uremia</u>	<u>2 weeks.</u>
DUE TO (c) <u>Chronic Glomerular Nephritis</u>	<u>18 mo.</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.
 Yes No Unknown

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.)
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
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21. I attended the deceased from 8-4-61 to 11-19-61 and last saw him alive on 11-19-61
Death occurred at 11:50 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>G. H. Harker</u> (Degree or title) <u>D.O.</u>	22b. ADDRESS <u>Bethany, Missouri</u>	22c. DATE SIGNED <u>11-21-61</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>11-22-61</u>	23c. NAME OF CEMETERY OR CREMATORY <u>MT Zion Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Ringgold Co. Iowa</u>
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24. FUNERAL DIRECTOR <u>Gerald W. Boggess, Eagleville, Mo</u>	ADDRESS	25. DATE RECD. BY LOCAL REG. <u>11-21-1961</u>	26. REGISTRAR'S SIGNATURE <u>Gella Maxey</u>
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(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

NOV 28 1961

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 Serial W. Boggers

Licensed Embalmer No. 4762

P. O. Address Eagleville,

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.