

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-041124

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 316 Primary Registration District No. 6075 Registrar's No. 445

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB AMENDED

FILED NOV 5 1963			
<p>1. PLACE OF DEATH</p> <p>a. COUNTY St. Francois</p> <p>b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Francois Twp. Farmington Rural</p> <p>c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION State Hospital #4</p>	<p>2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)</p> <p>a. STATE Missouri b. COUNTY Washington</p> <p>c. CITY OR TOWN Mineral Point</p> <p>d. STREET ADDRESS (If outside, give location) Unknown</p>		
<p>3. NAME OF DECEASED (Type or print) First Middle Last James Walter Richardson</p>			
<p>4. DATE OF DEATH Month Day Year Oct. 27 1963</p>			
<p>5. SEX Male</p>	<p>6. COLOR OR RACE White</p>	<p>7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/></p>	<p>8. DATE OF BIRTH 11-5-1883</p>
<p>10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) brake-man</p>		<p>10b. KIND OF BUSINESS OR INDUSTRY Railroad</p>	
<p>11. BIRTHPLACE (City and state or country) Washington Co., Mo.</p>		<p>12. CITIZEN OF WHAT COUNTRY USA</p>	
<p>13a. FATHER'S NAME Jacob Richardson</p>		<p>13b. MOTHER'S MAIDEN NAME Mary Julia Misplay</p>	
<p>14. NAME OF HUSBAND OR WIFE Anna Richardson nee Bowles</p>		<p>17. INFORMANT Doris Roeder Creve Coeur, Missouri</p>	
<p>15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no</p>		<p>16. SOCIAL SECURITY NO.</p>	
<p>18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:</p>			<p>INTERVAL BETWEEN ONSET AND DEATH</p>
<p>IMMEDIATE CAUSE (a) Cerebral Hemorrhage</p>			<p>12 das.</p>
<p>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.</p> <p>DUE TO (b) Cerebral arteriosclerosis</p> <p>DUE TO (c)</p>			<p>Unknown.</p>
<p>PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Schizophrenia</p>			<p>PART III. If deceased was female was there a pregnancy in last 90 days.</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown</p>
<p>19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/></p>		<p>20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/></p>	
<p>20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)</p>			
<p>20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year</p>		<p>20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/></p>	
<p>20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)</p>		<p>20f. CITY, TOWN, OR LOCATION COUNTY STATE</p>	
<p>21. I attended the deceased from Oct. 15, 1963 to October 27, 1963 last saw him alive on Oct. 27, 1963</p> <p>Death occurred at 5:40 P. M. on the date stated above, and to the best of my knowledge, from the causes stated.</p>			
<p>22a. SIGNATURE (Degree or title) <i>John A. Brennan MD</i></p>		<p>22b. ADDRESS State Hospital No. 4 Farmington, Missouri</p>	
<p>22c. DATE SIGNED 10-27-63</p>		<p>(State)</p>	
<p>23a. BURIAL, CREMATION, REMOVAL (Specify) Burial</p>		<p>23b. DATE 10-29-1963</p>	
<p>23c. NAME OF CEMETERY OR CREMATORY Hopewell</p>		<p>23d. LOCATION (City, town, or county) Mineral Point Rt. 1, Missouri</p>	
<p>24. FUNERAL DIRECTOR Sparks ADDRESS Potosi, Missouri</p>		<p>25. DATE RECD. BY LOCAL REG. Oct 27 1963</p>	
<p>26. REGISTRAR'S SIGNATURE <i>Ether Rudloff</i></p>			

VS 300 Rev. 4/59

DATE AMENDED

1 0940

2 1100-

3

4 0

5 1

6

7 0

8

9 321+

10

11

12 93-0

13 10

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

SHOULD READ

0490
-0011

0
1
0
0

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 Donald Sparks

Licensed Embalmer No. 4819

P. O. Address Potosi, 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.

0-EP