

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

**63-044815**

STATE FILE NUMBER

Registration District No. 243 Primary Registration District No. 4364 Registrar's No. 72

<b>FILED DEC 13 1963</b>	
1. PLACE OF DEATH	
a. COUNTY <b>Newton</b>	b. COUNTY <b>Newton</b>
2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
<b>Missouri</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <b>Stella</b>	c. CITY OR TOWN <b>Neosho</b>
Length of stay in 1b	Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) <b>Cardwell Memorial Hospital</b>	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>Rt. #5 Neosho</b>
Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print)	
First <b>Lora</b>	Middle <b>Helen</b>
Last <b>Richardson</b>	4. DATE OF DEATH
Month <b>Nov</b>	
Day <b>5</b>	
Year <b>1963</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>
7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>July 28, 1917</b>
9. AGE (last birthday) <b>46</b>	
IF UNDER 1 YEAR Months _____ Days _____	
IF UNDER 24 HR Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>	
10b. KIND OF BUSINESS OR INDUSTRY <b>Own Home</b>	
11. BIRTHPLACE (City and state or country) <b>Neosho, Missouri</b>	
12. CITIZEN OF WHAT COUNTRY <b>USA</b>	
13a. FATHER'S NAME <b>Francis Oxford</b>	
13b. MOTHER'S MAIDEN NAME <b>Linnie Roberts</b>	
14. NAME OF HUSBAND OR WIFE <b>Lial B. Richardson</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of serv) <b>No</b>	
16. SOCIAL SECURITY NO. <b>None</b>	
17. INFORMANT <b>Lial Richardson, Neosho, Missouri</b>	
Address	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:	
IMMEDIATE CAUSE (a) <b>Massive Myocardial Infarction</b>	
DUE TO (b) <b>decompensation</b>	
DUE TO (c) <b>Fibrillation</b>	
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 type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input 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 _____ a.m. _____ p.m. Month, Day, Year _____	
20d. INJURY OCCURRED <input checked="" type="checkbox"/> 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 <b>Neosho, Missouri</b>	
20g. COUNTY <b>Newton</b>	
20h. STATE <b>Missouri</b>	
21. I attended the deceased from <b>Nov 4/63</b> to <b>Nov 5/63</b> and last saw her alive on <b>Nov 5-63</b> Death occurred at <b>3:00 A.M.</b> on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE (Degree or title) <i>[Signature]</i>	
22b. ADDRESS <i>[Address]</i>	
22c. DATE SIGNED <b>11/23/63</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	
23b. DATE <b>11-8-1963</b>	
23c. NAME OF CEMETERY OR CREMATORY <b>Gibson Cemetery</b>	
23d. LOCATION (City, town, or county) <b>Neosho, Missouri</b>	
23e. STATE <b>Missouri</b>	
24. FUNERAL DIRECTOR <b>Thompson Funeral Home, Neosho, Mo.</b>	
25. DATE RECD. BY LOCAL REG. <b>11-27-63</b>	
26. REGISTRAR'S SIGNATURE <i>[Signature]</i>	

DO NOT WRITE ON THIS STUB

AMENDED

VS 300  
Rev. 4/59

10730

20730

3

4 1

5 1

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11

12 1-2

13 1-1

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

**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 Kenneth Mallory

Licensed Embalmer No. 5264

P. O. Address Archie, 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.