

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

**63-047346**

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

Registration District No. 59 Primary Registration District No. 5226 Registrar's No. 198

**FILED DEC 17 1963**

DO NOT WRITE ON THIS STUB

AMENDED

VS 300  
Rev. 4/59

10190  
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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

1. PLACE OF DEATH a. COUNTY <b>Cass</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <b>Mt Pleasant Township</b>		c. CITY OR TOWN <b>Kansas City</b>	
Length of stay in 1b		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>328th USAF Hospital Richards-Gebaur AFB, Mo.</b>		d. STREET ADDRESS (If outside, give location) <b>4516 E. 112th Street</b>	
3. NAME OF DECEASED (Type or print) First Middle Last <b>SHERRY SUE RICHARDSON</b>		4. DATE OF DEATH Month Day Year <b>December 8 1963</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>Cau</b>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>19 Aug 63</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>NONE</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>NONE</b>	9. AGE (last birthday) IF UNDER 1 YEAR IF UNDER 24 HR. Months Days Hours Min. <b>3 21</b>
11. BIRTHPLACE (City and state or country) <b>Richards-Gebaur AFB Missouri</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>	
13a. FATHER'S NAME <b>Charles Jay Richardson</b>		13b. MOTHER'S MAIDEN NAME <b>Opal Maxine McKee</b>	
14. NAME OF HUSBAND OR WIFE <b>NONE</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	
16. SOCIAL SECURITY NO.		17. INFORMANT <b>Charles J. Richardson - St. Kansas City</b> Address <b>4516 E. 112th</b>	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Pneumonia</b>		INTERVAL BETWEEN ONSET AND DEATH <b>Unknown</b>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Possible Congenital Heart Disease</b>		<b>Unknown</b>	
DUE TO (c) <b>Mongolism</b>		<b>Unknown</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 checked="" 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 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 <b>8 December 1963</b> to <b>8 December 1963</b> and last saw <sup>her</sup> alive on <b>8 December 1963</b> Death occurred at <b>8:24</b> <b>A.m.</b> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <b>William F. Case, M.P.</b>		22b. ADDRESS <b>328th USAF Hospital Richards-Gebaur AFB, Missouri</b>	
22c. DATE SIGNED <b>9 Dec 63</b>		22d. LOCATION (City, town, or county) <b>K.C., Mo</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>12-10-63</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Mt Moriah Cemetery K.C., Mo</b>	
23d. LOCATION (City, town, or county) <b>K.C., Mo</b>		24. FUNERAL DIRECTOR <b>Worrell Funeral Home Inc</b> <b>K.C., Mo.</b>	
25. DATE RECD. BY LOCAL REG. <b>12-10-63</b>		26. REGISTRAR'S SIGNATURE <b>Ray J. Sebrer</b>	

JAN 10 1964

**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 W. C. Rinne

Licensed Embalmer No. 4879

P. O. Address W. C. Rinne

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.