

Health, Welfare, Public Service
300
-57
All diseases in Part I must be causally related.

FILED AUG 23 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

283332
STATE FILE NUMBER
Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3688

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR <u>Kansas City</u> TOWN		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Kansas City</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>General Hospital</u>		Length of stay in lb <u>8 yrs.</u>	d. STREET ADDRESS <u>405 1/2 E 31st</u> (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <u>James</u> Middle <u>H</u> Last <u>Richardson</u>			4. DATE OF DEATH Month <u>8</u> Day <u>3</u> Year <u>57</u>			
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5. SEX <u>Male</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>Jan 30, 1874</u>	9. AGE (In years) <u>82</u> Month <u>0</u> Day <u>0</u> Hours <u>0</u> Min. <u>0</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Salesman</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Mountain Grove Mo</u>	11. BIRTHPLACE (City and state or country) <u>Mo U.S.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
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13a. FATHER'S NAME <u>Richardson</u>	13b. MOTHER'S MAIDEN NAME <u>Emily Hunt</u>	14. NAME OF HUSBAND OR WIFE <u>Elenora Richardson</u>
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT <u>John Richardson</u> Address <u>Indep Mo</u>
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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>Cerebral thrombosis. Hypotension secondary to G.I. bleeding</u>		INTERVAL BETWEEN ONSET AND DEATH <u>5400'</u>
DUE TO (b) <u>Gastric ulcer & pyloric obstruction</u>		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		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.)
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20c. TIME OF INJURY Hour <u>9:05</u> Month <u>Aug</u> Day <u>3</u> Year <u>1957</u> a.m. <u>0</u> p.m. <u>0</u>

20d. INJURY OCCURRED WHILE AT <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 <u>Cherry</u> COUNTY <u>MO</u> STATE <u>MO</u>
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21. I attended the deceased from July 30th. 1957 to Aug. 3 1957 and last saw her alive on Aug. 3 1957
 Death occurred at 9:05 P.M. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>Bob Burns, M.D.</u> (Degree or title)	22b. ADDRESS <u>24th. Cherry</u>	22c. DATE SIGNED <u>8-6-57</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>Aug 6/57</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Mt Washington</u>	23d. LOCATION (City, town, or county) <u>Cherry MO</u> (State)
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24. FUNERAL DIRECTOR <u>Edmund R Speaks</u> ADDRESS <u>Indep Mo</u>	25. DATE RECD. BY LOCAL REG. <u>8-6-57</u>	26. REGISTRAR'S SIGNATURE <u>Neva Minshall</u>
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(Licensed Expositor's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION
B. I. Burns



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 *J. Roland P. Speaks*

Licensed Embalmer No. *3604*

P. O. Address *Judy 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.