

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED JAN 8 1958

45428

STATE FILE NUMBER

Registration District No. 297 Primary Registration District No. 6021 Registrar's No. 157

1. PLACE OF DEATH a. COUNTY <u>Ray</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Ray</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Grube Grove</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN <u>Richwood Rural</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>2 miles NW Millville 60 years</u> Length of stay in 1b		d. STREET ADDRESS (If outside, give location) <u>2 miles NW. Millville</u> Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED First Middle Last <u>Cynthia Catherine Richardson</u>			4. DATE OF DEATH <u>December 18, 1957</u> Month Day Year
5. SEX <u>Female</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>February 10, 1894</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Housekeeping Ray County Mo</u>	11. BIRTHPLACE (City and state or country) <u>Mo</u>
13a. FATHER'S NAME <u>Walter Thompson</u>		13b. MOTHER'S MAIDEN NAME <u>Catherine Cates</u>	14. NAME OF HUSBAND OR WIFE <u>John Franklin Richardson</u>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <u>no</u> (If yes, give war or dates of service) <u>none</u>		16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT <u>Robert Richardson</u> Address <u>Richwood, Mo. 63073</u>
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>Coronary Thrombosis</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>Coronary Arteriosclerosis</u> DUE TO (c) <u>Generalized Arteriosclerosis</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>—</u>			INTERVAL BETWEEN ONSET AND DEATH <u>1 hour</u> <u>many years</u> <u>many years</u>
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.) <u>—</u>	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m. <u>—</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 COUNTY STATE	
21. I attended the deceased from <u>Nov. 20, 1954</u> to <u>Dec. 18, 1957</u> and last saw her alive on <u>Dec. 18, 1957</u> Death occurred at <u>4:20 A.M.</u> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>J. E. Goldberg M.D.</u>		22b. ADDRESS <u>Braymer, Mo.</u>	
22c. DATE SIGNED <u>14 20 57</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City, town, or county) (State)
<u>Burial</u>	<u>Nov 20, 1957</u>	<u>Waukegan Cemetery</u>	<u>Ray County, Missouri</u>
24. FUNERAL DIRECTOR ADDRESS <u>West Side Funeral Home</u>		25. DATE RECD. BY LOCAL REG. <u>Dec 30 - 1957</u>	
<u>Richmond, Missouri</u>		26. REGISTRAR'S SIGNATURE <u>Mabel Jackson</u>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Mar 30.4

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 *[Signature]* .....  
Licensed Embalmer No. 4066  
P. O. Address *[Address]*

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.