MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

0002149

Registration District No. 170 Primary Registration District No. 5632 Registrar's No. 1 STATE FILE NUMBER

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

FILED JAN 13 1964

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED
1	0530		
2	11-11		12
3			
4	0		
5	1		
6			
7	0		
8	2		
9	X		
10			
11	053		
12	90-3		
13	10		

BY AFFIDAVIT OF DOCUMENT

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH

a. COUNTY: Laclede

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Lebanon T.S. — Length of stay in 1b: NONE

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: 11 Mi. So. of Lebanon — Inside Limits: Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE: Mo. b. COUNTY: Wright

c. CITY OR TOWN: Mtn. Grove, Mo. — Inside Limits: Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location): 609 Frisco — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First	Middle	Last	4. DATE OF DEATH Month	Day	Year
Chester	Pearl	Richardson	Jan.	6,	1964

5. SEX	6. COLOR OR RACE	7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐	8. DATE OF BIRTH	9. AGE (last birthday)	IF UNDER 1 YEAR Months / Days	IF UNDER 24 HR Hours / Min.
male	white		8/29/1913	50		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country)	12. CITIZEN OF WHAT COUNTRY
sign painter	painter	Bonne Terre, Mo.	U.S.A.

13a. FATHER'S NAME	13b. MOTHER'S MAIDEN NAME	14. NAME OF HUSBAND OR WIFE
Ellis Richardson	Mary Black	Florence Richardson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT Address
no	710 03 9909	Florence Richardson Mtn. Grove, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a): Skull Fracture — INTERVAL BETWEEN ONSET AND DEATH: immed.

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b):

DUE TO (c):

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Crushed Chest, fractures to arms & legs.

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒	20a. ACCIDENT ☒ SUICIDE ☐ HOMICIDE ☐	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
		hit by automobile

20c. TIME OF INJURY Hour	Month, Day, Year
6:25 p.m.	1-6-64

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY	STATE
	highway #5 South	11½ mi. S. of Lebanon,	Laclede	Mo.

21. I attended the deceased from _____ to _____ and last saw her/him alive on _____

Death occurred at 6:25 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title)	22b. ADDRESS	22c. DATE SIGNED
W. J. Shadel Coroner	city Rt. 66 W. Lebanon, Mo.	1-10-64

23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City, town, or county) (State)
Burial	1/9/1964	Hillcrest Cem.	Mtn. Grove, Mo.

24. FUNERAL DIRECTOR ADDRESS	25. DATE RECD. BY LOCAL REG.	26. REGISTRAR'S SIGNATURE
B C Craig Craig-Hurtt Funeral Home Mtn. Grove, Mo.	1-10-1964	Nellie L. Day

(Licensed Embalmer's Statement on Reverse Side)

JAN 17 1964

APR 14 1964

Permit dated 1-9-1964 - W.S.C.

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 Lowell C. Casey

Licensed Embalmer No. 4766

P. O. Address Mtn. Grove

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.