S. No. 2
M—1/47
5-17-39

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED MAR 15 1948

Registration District No. 128

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 4556

Primary Registration District No. 2000

Registrar's No. 187

39

1. PLACE OF DEATH:

(a) County: Greene

(b) City or town: Springfield
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Baptist Hospital
(If not in hospital or institution, write street, number or location)

(d) Length of stay: In hospital or institution: 11 days (Specify whether years, months or days)

In this community: 16 years

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Greene

(c) City or town: Rural – Strafford
(If outside city or town limits, write "RURAL")

(d) Street No.: Route Strafford, Mo.
(If rural, give location)

(e) Citizen of foreign country? none (Yes or No)

If yes, name country: none

3. (a) PRINT FULL NAME: Robert William Richey

3. (b) If veteran, name war: none

3. (c) Social Security No.: none

4. Sex: male

5. Color or race: white

6. (a) Single, widowed, married, divorced: single

6. (b) Name of husband or wife: none

6. (c) Age of husband or wife if alive: none years

7. Birth date of deceased: April (Month) 16 (Day) 1931 (Year)

8. AGE:

Years	Months	Days	If less than one day
16	10	11	hr. min.

9. Birthplace: Brighton, Mo. (City, town, or county) (State or foreign country)

10. Usual occupation: student

11. Industry or business: none

MOTHER FATHER

12. Name: William L. Richey

13. Birthplace: Carter (City, town, or county) Arrkansas (State or foreign country)

14. Maiden name: Ina Grace Ramey

15. Birthplace: Springfield (City, town, or county) Missouri (State or foreign country)

16. (a) Informant: Ina Grace Richey

(b) Address: Rt. 1. Strafford, Mo.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof: 2/28/48 (Month) (Day) (Year)

(c) Place: burial or cremation: SShiloah Cemetery

18. (a) Signature of funeral director: Alma Lohmeyer Funeral Home

(b) Address: Springfield Mo.

19. (a) 2-28-48 (Date received local registrar) (b) W. E. Handley M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: 2/26/48 year: 1948 hour: 12:00 minute: Midnight M.

21. I hereby certify that I attended the deceased from 2-26-48, 1948, to 2-26-48, 19; that I last saw him alive on 2-26-48, 19; and that death occurred on the date and hour stated above 2-26-48.

Immediate cause of death: 3rd Degree Burns of 75% of Body Surface

Due to:

Due to:

Other conditions: (Include pregnancy within 3 months of death)

Major findings:
Of operations:

Of autopsy:

Duration

PHYSICIAN

Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify): accident

(b) Date of occurrence: Feb. 16, 1948

(c) Where did injury occur? Rural Strafford (City or town) Greene (County) Mo. (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home (Specify type of place) Stove

While at work? No (e) Means of injury: Explosion

23. Signature: [illegible] (M. D. or other)

Address: Springfield Mo. Date signed: [illegible]

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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 Julian Harding, Registered Apprentice No. 473, working under my personal supervision.

Signed Jewell E. Mundle

Licensed Embalmer No. 2831

P. O. Address Springfield 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 this body is not embalmed, fact should be so stated above.