

FILED FEB 2 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 84

BIRTH NO. 49-000134 REG. DIST. NO. 11 PRIMARY REG. DIST. NO. 4025 Registrar's No. 5

1. PLACE OF DEATH a. COUNTY Barry			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri			b. COUNTY Barry		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Wheaton, Mo.		c. LENGTH OF STAY (in this place) 2 days	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Wheaton, Mo.					
d. FULL NAME OF HOSPITAL OR INSTITUTION Wheaton Hospital			d. STREET ADDRESS (If rural, give location)					
3. NAME OF DECEASED (Type or Print) Leonard Ray Richmond			a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) January 6 1949		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH Jan. 4 1949		9. AGE (In years last birthday) 1	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None		10b. KIND OF BUSINESS OR INDUSTRY None	11. BIRTHPLACE (State or foreign country) Wheaton, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13a. FATHER'S NAME Kenneth Richmond		13b. MOTHER'S MAIDEN NAME Dora Bolan		14. NAME OF HUSBAND OR WIFE Single				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. No.	17. INFORMANT'S SIGNATURE OR NAME Kenneth Richmond Rocky Comfort, Mo.					
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Enteric Antecedent Causes Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Premature Birth DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 776						INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR 2						
22. I hereby certify that I attended the deceased from 1-4, 1949, to 1-6, 1949, that I last saw the deceased alive on 1-4, 1949, and that death occurred at 9:10 p.m., from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title)			23b. ADDRESS Wheaton Mo			23c. DATE SIGNED 1-12-49		
24a. BURIAL (CREMATION, REMOVAL) (Specify) Burial	24b. DATE 1-7-49	24c. NAME OF CEMETERY OR CREMATORY Rocky Comfort Cem.		24d. LOCATION (City, town, or county) (State) Rocky Comfort, Mo.				
DATE REC'D BY LOCAL REG Jan 19-1949	REGISTRAR'S SIGNATURE Grace Williams			25. FUNERAL DIRECTOR'S SIGNATURE Wm Morris Pope ADDRESS Wheaton, Mo.				

RECEIVED

District Health Officer No. 6,

District File No. 149-92

Date Filed 1-29-49

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 _____

working under my personal supervision. No Embalming Student Embalmer No. _____

Student _____
Student Embalmer

Signed Wm Morris Rogers

Licensed Embalmer No. 24427

P. O. Address Wheaton 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.