

FILED MAY 6 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 14550

BIRTH NO. _____ REG. DIST. NO. 333 PRIMARY REG. DIST. NO. 3074 Registrar's No. 57

1. PLACE OF DEATH a. COUNTY Scott		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Stoddard	
b. CITY (If outside corporate limits, write RURAL and give town) Sikeston, Missouri		c. CITY (If outside corporate limits, write RURAL and give township) Bell City	
c. LENGTH OF STAY (in this place) 1		d. STREET ADDRESS # 1 (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION Mo. Delta Comm. Hospital			

3. NAME OF DECEASED (Type or Print)	a. (First) Burl	b. (Middle)	c. (Last) Richard	4. DATE OF DEATH (Month) (Day) (Year) Apr. 22 1949
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5. SEX Male	6. COLOR OR RACE Col	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 5-?-1885	9. AGE (In years last birthday) 64	IF UNDER 1 YEAR Months 9	IF UNDER 24 HRS. Days Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming	10b. KIND OF BUSINESS OR INDUSTRY 1	11. BIRTHPLACE (State or foreign country) Cannon, Miss.	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Alfred Richard	13b. MOTHER'S MAIDEN NAME Viney Sutherland	14. NAME OF HUSBAND OR WIFE Julia Richard
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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'S SIGNATURE OR NAME Julia Richard	ADDRESS Bell City, Missouri
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Vascular Accident		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertensive Arteriosclerosis Cardio-Vascular Disease		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		8 days 5 yrs 443X	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOME 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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR
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22. I hereby certify that I attended the deceased from **4/14**, 19**49**, to **4/22**, 19**49**, that I last saw the deceased alive on **4/22**, 19**49**, and that death occurred at **3:45Pm.**, from the causes and on the date stated above.

23a. SIGNATURE John L. Sain	(Degree or title) D. O. M. D.	23b. ADDRESS St. Sikeston Mo	23c. DATE SIGNED 4/23/49
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 4-27-49	24c. NAME OF CEMETERY OR CREMATORY Pilgrimage Rest near Sikeston	24d. LOCATION (City, town, or county) (State) North West of Sikeston
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DATE REC'D BY LOCAL REG Apr 26-49	REGISTRAR'S SIGNATURE Mrs Ella Hunter	25. FUNERAL DIRECTOR'S SIGNATURE Fred J. Smith	ADDRESS 1212 1/2 main st. Sikeston, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

2

RECEIVED

District Health Office No. 2,

District File Number 549-543

Date Filed: 5-3-49

MAY 9 1949

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.

Signed Fred J. Smith

Signed _____
Student Embalmer

Licensed Embalmer No. 4428

P. O. Address Lickston, W.

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.