

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

State File No. **15352**

FILED MAY 21 1949

No. 300  
10.48

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 84 PRIMARY REG. DIST. NO. 5317 Registrar's No. 257

1. PLACE OF DEATH a. COUNTY <b>Cooper</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Cooper</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural, Kelley</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural, Kelley</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Two Miles North Syracuse</b>		d. STREET ADDRESS (If rural, give location) <b>Two Miles North Syracuse, Mo</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Mary</b>	b. (Middle) <b>Debores</b>	c. (Last) <b>Richoy</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>5-8-49</b>
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5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widow</b>	8. DATE OF BIRTH <b>November 4, 1864</b>	9. AGE (In years last birthday) <b>84</b>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 HR. Hours	IF UNDER 1 HR. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Home</b>	11. BIRTHPLACE (State or foreign country) <b>Cooper County, Mo.</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>Payton Mc Clain</b>	13b. MOTHER'S MAIDEN NAME <b>Harriet George</b>	14. NAME OF HUSBAND OR WIFE <b>Joshiah Richoy (Deceased)</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Anna Fry, Syracuse, Mo.</b>	ADDRESS
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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, asphyxia, 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) <b>Cerebral Hemorrhage</b>		<b>1 week</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Arterial Hypertension</b>		<b>Chronic</b>
DUE TO (c) <b>Causes unknown</b>		<b>331X</b>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Stomach ulcer</b>		<b>Chr.</b>	

19a. DATE OF OPERATION <b>L</b>	19b. MAJOR FINDINGS OF OPERATION <b>None</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <input checked="" type="checkbox"/>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>L</b>	21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) _____
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>L</b>	21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>L</b>
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22. I hereby certify that I attended the deceased from **1-1-49**, 1949, to **5-8**, 1949, that I last saw the deceased alive on **5-6**, 1949, and that death occurred at **6 P.** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Mrs. Anna Fry</b>	23b. ADDRESS <b>Syracuse, Mo</b>	23c. DATE SIGNED <b>5-9-49</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>5/9/49</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Hopewell Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Cooper Co. Missouri</b>
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DATE REC'D BY LOCAL REG. <b>May 9-49</b>	REGISTRAR'S SIGNATURE <b>Hellie Mullett</b>	FUNERAL DIRECTOR'S SIGNATURE <b>J. E. Richard</b>	ADDRESS <b>730 E. Richard, Linton, Mo</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

MAY 18 REC'D

RECEIVED

District Health Officer No. 8,

District File Number \_\_\_\_\_

Date Filed 5-19-49

REC'D  
MAY 21 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.

Student .....  
Student Embalmer

Signed Jessie E. Richards

Licensed Embalmer No. 2464

P. O. Address Lipton 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.