

**STANDARD CERTIFICATE OF DEATH**

State File No. **18569**

No. 300  
10-48

**FILED JUL 12 1949**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 15 PRIMARY REG. DIST. NO. 5073 Registrar's No. 31

<b>1. PLACE OF DEATH</b> a. COUNTY <b>Barton</b>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Barton</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural, Norfolk Twp</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Liberal</b>	
c. LENGTH OF STAY (in this place) <b>4 years</b>		d. STREET ADDRESS (If rural, give location) <b>Barton County Home</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Barton County Home</b>			

<b>3. NAME OF DECEASED</b> (Type or Print) a. (First) <b>Roberta</b> b. (Middle) c. (Last) <b>Richmond</b>			<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <b>July 7 1949</b>		
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<b>5. SEX</b> <b>Female</b>	<b>6. COLOR OR RACE</b> <b>white</b>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify)</b> <b>widowed</b>	<b>8. DATE OF BIRTH</b> <b>Feb. 9, 1872</b>	<b>9. AGE</b> (In years last birthday) <b>77</b>	<b>IF UNDER 1 YEAR</b> Months Days	<b>IF UNDER 24 HRS.</b> Hours Min.
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<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>Housewife</b>	<b>10b. KIND OF BUSINESS OR INDUSTRY</b> ----	<b>11. BIRTHPLACE</b> (State or foreign country) <b>Pike County, Ohio</b>	<b>12. CITIZEN OF WHAT COUNTRY?</b> <b>U. S. A.</b>
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<b>13a. FATHER'S NAME</b> <b>David Swiger</b>	<b>13b. MOTHER'S MAIDEN NAME</b> <b>Nancy Dixon</b>	<b>14. NAME OF HUSBAND OR WIFE</b> <b>Chester Richmond</b>
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<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	<b>16. SOCIAL SECURITY NO.</b> <b>None</b>	<b>17. INFORMANT'S SIGNATURE OR NAME</b> <b>Harold Gardiner</b>	<b>ADDRESS</b> <b>Lamar, Mo.</b>
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<b>18. CAUSE OF DEATH</b> 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.	<b>MEDICAL CERTIFICATION</b>		<b>INTERVAL BETWEEN ONSET AND DEATH</b>  <b>1 day</b>  <b>193X</b>
	<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)</b> <b>Pneumonia, Heart failure</b>		
	<b>ANTECEDENT CAUSES</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____		
<b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death.			

<b>19a. DATE OF OPERATION</b>	<b>19b. MAJOR FINDINGS OF OPERATION</b>	<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input type="checkbox"/>
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<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b>
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour)	<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b>

**22. I hereby certify that I attended the deceased from July 6, 1949, to July 7, 1949, that I last saw the deceased alive on July 6, 1949, and that death occurred at 12:00 m., from the causes and on the date stated above.**

<b>23a. SIGNATURE</b> (Degree or title) <b>DR. Guldner M.D.</b>	<b>23b. ADDRESS</b> <b>LAMAR</b>	<b>23c. DATE SIGNED</b> <b>7-8-49</b>
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<b>24a. BURIAL, CREMATION, REMOVAL (Specify)</b> <b>Burial</b>	<b>24b. DATE</b> <b>7/9/49</b>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <b>Barton City Cemetery</b>	<b>24d. LOCATION (City, town, or county) (State)</b> <b>Liberal Missouri</b>
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<b>DATE REC'D BY LOCAL REG.</b> <b>July 8th '49</b>	<b>REGISTRAR'S SIGNATURE</b> <b>Marie Kanantz</b>	<b>14</b>	<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <b>Chiles Funeral Home</b>	<b>ADDRESS</b> <b>Lamar, Mo.</b>
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(Licensed Embalmer) Statement on Reverse Side)

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

RECEIVED

District Health Officer No. 6,

District File Number 749-808

Date Filed 7-11-49

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~~

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed Lawrence W. Chela

Licensed Embalmer No. 3473

P. O. Address Lans 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.