No. 300
10-48

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

FILED SEP 28 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 29769

BIRTH NO. _____ REG. DIST. NO. 99 PRIMARY REG. DIST. NO. 5379 Registrar's No. 43

32
0

1. PLACE OF DEATH
a. COUNTY: DEKALB (SHERMAN TWP.)
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): AMITY (RURAL)
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): /

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: DEKALB
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): AMITY (RURAL)
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): ELMERA
b. (Middle):
c. (Last): RICHMOND

4. DATE OF DEATH (Month) SEPT (Day) 6 (Year) 1949

5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): WIDOWED
8. DATE OF BIRTH: JULY 8 1856
9. AGE (In years last birthday): 93
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): HOUSEWIFE
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): OSBORN MISSOURI
12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME: ELIJAH MOORE
13b. MOTHER'S MAIDEN NAME: ELIZEBETH STEVENS
14. NAME OF HUSBAND OR WIFE: Chas. RICHMOND

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: COEN LAMBERT
ADDRESS: AMITY MO. R.F.D.

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) Pneumonia — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Influenza
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
480X

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Sept 5, 19x9, *to* Sept 7, 19x9, *that I last saw the deceased alive on* Sept 8, 19x9, *and that death occurred at* 9:30 *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): M.S. Gale M.D.
23b. ADDRESS: Osborn Mo.
23c. DATE SIGNED: Sept. 8-x9

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: 9-9-1949
24c. NAME OF CEMETERY OR CREMATORY: OSBORN
24d. LOCATION (City, town, or county) (State): OSBORN MO.

DATE REC'D BY LOCAL REG. 9-15-49
REGISTRAR'S SIGNATURE: Rascoe Davidson
82
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25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS: PILCHER FUNERAL HOME, MAYSVILLE MO

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
SEP 23 1949
DISTRICT
HEALTH OFFICE
CAMERON, MO.

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 Vera Pilcher
VERA PILCHER
Licensed Embalmer No. 4499

P. O. Address MAYSVILLE MO.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.