

FILED OCT 24 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **33724**BIRTH NO. _____ REG. DIST. NO. **742** PRIMARY REG. DIST. NO. **4231** Registrar's No. **28**

1. PLACE OF DEATH a. COUNTY Howell		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Howell	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN Mtn. View,		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Mtn. View,	
c. LENGTH OF STAY (in this place) 5 mos.		d. STREET ADDRESS (If rural, give location) 205 E. 7th St.	
d. FULL NAME OF HOSPITAL OR INSTITUTION 205 E. 7th street			

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)			
a. (First) NEWELL	b. (Middle) WEBSTER		c. (Last) RICHARDS		Oct. 11, 1949	
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH July 29, 1898	9. AGE (In years last birthday) 51	IF UNDER 1 YEAR Months Days	IF UNDER 2 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Merchant		10b. KIND OF BUSINESS OR INDUSTRY Gen. Merchandise		11. BIRTHPLACE (State or foreign country) Hersey, Michigan		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Ernest Richards		13b. MOTHER'S MAIDEN NAME Jennie Wells		14. NAME OF HUSBAND OR WIFE Verna McWilliams Richards	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME Mrs. Verna Richards, Mtn. View, Mo.		ADDRESS	
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18. NO OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Crown Thromb					
		ANTECEDENT CAUSES		DUE TO (b)			
		Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c)			
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death.					

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 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)		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 **Oct. 11, 1949**, to **Oct. 11, 1949**, that I last saw the deceased alive on **Oct. 11, 1949**, and that death occurred at **9 a. m.**, from the causes and on the date stated above.

23a. SIGNATURE James R. Shaffer M.D.		(Degree or title)		23b. ADDRESS Mtn. View Mo.		23c. DATE SIGNED 10/19/49	
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24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE Oct. 13, 1949		24c. NAME OF CEMETERY OR CREMATORY Mackey Cemetery		24d. LOCATION (City, town, or county) (State) Howell County, Mo.	
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DATE REC'D BY LOCAL REG. 10-14/49		REGISTRAR'S SIGNATURE Laura Mitchell		25. FUNERAL DIRECTOR'S SIGNATURE Hal Thompson		ADDRESS West Plains, Mo.	
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(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 10/17/49
District Health Officer No. 5,
District File Number 1049660
Date Filed 10/20/49

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 Hal Thompson

Licensed Embalmer No. 3408

P. O. Address White Plains

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.