

FILED NOV 5 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **34716**

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

BIRTH NO. _____ REG. DIST. NO. 282 PRIMARY REG. DIST. NO. 5974 Registrar's No. 143

1. PLACE OF DEATH a. COUNTY <u>Polk</u>		2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) a. STATE <u>MO</u> b. COUNTY <u>Polk</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural N Green</u>		c. LENGTH OF STAY (in this place)	
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural N Green</u>		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print) a. (First) <u>William</u> b. (Middle) <u>WALTER</u> c. (Last) <u>Richards</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Oct-24-1949</u>
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Nov. 23-1882</u>
9. AGE (In years last birthday) <u>66</u>	10. UNDER 1 YEAR Months <u>10</u> Days <u>27</u>	11. BIRTHPLACE (State or foreign country) <u>Polk Co. Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Teacher</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	
13a. FATHER'S NAME <u>Mark Richards</u>		13b. MOTHER'S MAIDEN NAME <u>Ann's Payne</u>	
13c. FATHER'S NAME		13d. MOTHER'S MAIDEN NAME	
14. NAME OF HUSBAND OR WIFE <u>ETTA Richards</u>		14. NAME OF HUSBAND OR WIFE	
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 <u>Mrs. Etta Richards</u>		17. INFORMANT'S SIGNATURE OR NAME	
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.		18. CAUSE OF DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Subarachnoid Hemorrhage</u>		INTERVAL BETWEEN ONSET AND DEATH <u>6 mo</u>	
ANTECEDENT CAUSES DUE TO (b) <u>Arteriosclerosis</u>		1300	
DUE TO (c)			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		332X	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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) <u>Urbana Delber Mo</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>July 10</u> , 19 <u>49</u> , to <u>Oct 24</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>Oct 20</u> , 19 <u>49</u> , and that death occurred at <u>5:15</u> p.m., from the causes and on the date stated above.			
23a. SIGNATURE <u>L. A. Blowers</u> (Degree or title) <u>MD</u>		23b. ADDRESS <u>Urbana Mo</u>	
23c. DATE SIGNED <u>10/26/49</u>		23c. DATE SIGNED	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	24b. DATE <u>10-28-49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Hope Well</u>	24d. LOCATION (City, town, or county) (State) <u>Polk Co MO</u>
DATE REC'D BY LOCAL REG. <u>Oct 27 1949</u>	REGISTRAR'S SIGNATURE <u>Ralph Gorden</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Walter Vaughan - Rein</u> ADDRESS <u>Urbana Mo</u>	

RECEIVED

District Health Officer No. 7,

District File Number 10-49-1309

Date Filed 11-4-49

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

Allen W. Laughon

Licensed Embalmer No. 4156

P. O. Address Urbana, Ill

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.