

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED DEC 27 1949

State File No. **40454**

BIRTH NO. _____ REG. DIST. NO. 53 PRIMARY REG. DIST. NO. 3010 Registrar's No. 416

1. PLACE OF DEATH a. COUNTY <u>Cape Girardeau</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Cape Girardeau</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Cape Girardeau</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Cape Girardeau</u>	
c. LENGTH OF STAY (in this place) <u>4 yrs.</u>		d. STREET ADDRESS (If rural, give location) <u>1405 Bloomfield Street</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1405 Bloomfield Street</u>		d. STREET ADDRESS (If rural, give location) <u>1405 Bloomfield Street</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>CHARLES</u> b. (Middle) <u>N.</u> c. (Last) <u>RICHARDS</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>December 11, 1949</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	
8. DATE OF BIRTH <u>March 9, 1979</u>		9. AGE (In years last birthday) <u>70</u> <u>9</u> <u>2</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retire Rate Clerk</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retire Rate Clerk</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Wabash Railroad</u>		11. BIRTHPLACE (State or foreign country) <u>Mounds City, Illinois</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u>					

13a. FATHER'S NAME <u>Edward Richards</u>		13b. MOTHER'S MAIDEN NAME <u>Laura Kelsey</u>		14. NAME OF HUSBAND OR WIFE <u>Mrs. Musetta Richards</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>No</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Musetta Richards</u> ADDRESS <u>Cape Gir., Mo.</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary artery disease.</u> ANTECEDENT CAUSES <u>arteriosclerosis</u> <u>generalized</u> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>			INTERVAL BETWEEN ONSET AND DEATH <u>6 mo.</u> <u>10 years</u> <u>4201</u>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)	
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	

22. I hereby certify that I attended the deceased from June 1, 1949 to Dec 11, 1949 that I last saw the deceased alive on Dec 11, 1949 and that death occurred at 3 A. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Edward D Campbell, MD</u>		23b. ADDRESS <u>Cape Girardeau, Mo</u>		23c. DATE SIGNED <u>12-12-49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Dec. 14, 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park Cem.</u>	
24d. LOCATION (City, town, or county) (State) <u>Cape Girardeau, Missouri</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Walter's Funeral Home</u> ADDRESS <u>Cape Gir., Mo.</u>			
DATE REC'D BY LOCAL REG. <u>12-12-1949</u>		REGISTRAR'S SIGNATURE <u>C. C. Summers</u>		44	

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

RECEIVED 12-19-49
OFFICE No. 4
Number 1249-164
DATE 12-19-49

DEC 27 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 William Lee Townes

Licensed Embalmer No. 24410

P. O. Address Cape Girardeau, 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.