

FILED JAN 16 1950

STANDARD CERTIFICATE OF DEATH

State File No. 43482

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 352 PRIMARY REG. DIST. NO. 6193 Registrar's No. 2

1. PLACE OF DEATH a. COUNTY <u>Taney</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission): a. STATE <u>MO</u> b. COUNTY <u>Taney</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural - Oliver</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Hollister</u>	
c. LENGTH OF STAY (In this place) <u>20 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>Rural</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home</u>			
3. NAME OF DECEASED a. (First) <u>WILLIAM</u> b. (Middle) <u>HENRY</u> c. (Last) <u>RICHLING</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>December 31-1949</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>April 3rd 1875</u>
9. AGE (In years last birthday) <u>74</u>		IF UNDER 1 YEAR Months <u>8</u> Days <u>28</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Tend &amp; Arming wigs</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Tend &amp; Arming wigs</u>	11. BIRTHPLACE (State or foreign country) <u>Germany</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>Don't know</u>		13b. MOTHER'S M maiden NAME <u>Don't know</u>	14. NAME OF HUSBAND OR WIFE <u>Matilda Richling</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Matilda Richling - Hollister</u> ADDRESS <u>MO</u>
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocarditis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause* (a) stating the underlying cause last. DUE TO (b) <u>Enlarged heart</u> DUE TO (c) <u>several years</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>29.22</u>	
19a. DATE OF OPERATION <u>none</u>		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>no</u>		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 <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>Dec. 15</u> , 19 <u>49</u> , to <u>Dec. 31</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>Dec. 30</u> , 19 <u>49</u> , and that death occurred at <u>2:30 A.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Harry T. Evans M.D.</u>		23b. ADDRESS <u>Branson MO</u>	
23c. DATE SIGNED <u>12/31/49</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Buried</u>		24b. DATE <u>1-3-50</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>in Branson MO</u>		24d. LOCATION (City, town, or county) (State) <u>St Louis MO</u>	
DATE REC'D BY LOCAL REG. <u>1-3-1950</u>		REGISTRAR'S SIGNATURE <u>J E Cogswell 376</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>R O Whitlow</u>		ADDRESS <u>Branson MO</u>	

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

0961 21 NOV 1950

RECEIVED JAN 9 1950

District Health Office No. 6,

District File Number 150-40

Date Filed 1-10-50

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. 338

working under my personal supervision.

Student James W. Helman  
Student Embalmer

Signed Minnie L. Wheelock

Licensed Embalmer No. 2277

P. O. Address Brunson 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.