

FILED MAR 2 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 4469

BIRTH NO. _____ REG. DIST. NO. 120 PRIMARY REG. DIST. NO. 4194 Registrar's No. 89

1. PLACE OF DEATH a. COUNTY <i>Gentry</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>Missouri</i> b. COUNTY <i>Gentry</i>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Albany</i>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Albany 0381</i>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) <i>0</i>	

3. NAME OF DECEASED (Type or Print) a. (First) <i>William</i> b. (Middle) <i>Decker</i> c. (Last) <i>Richards</i>			4. DATE OF DEATH (Month) (Day) (Year) <i>Feb. 22-1950</i>		
5. SEX <i>Male</i>		6. COLOR OR RACE <i>White</i>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>widowed</i>	
8. DATE OF BIRTH <i>May 3-1873</i>		9. AGE (In years last birthday) <i>76</i>		IF UNDER 1 YEAR: Months <i>9</i> Days <i>19</i>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Farmer</i>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <i>Iowa</i>	
12. CITIZEN OF WHAT COUNTRY? <i>U.S.</i>					

13a. FATHER'S NAME <i>James Richards</i>		13b. MOTHER'S MAIDEN NAME <i>Mary Haines</i>		14. NAME OF HUSBAND OR WIFE <i>-</i>	
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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 ADDRESS	
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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>	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Gun shot wound</i>		INTERVAL BETWEEN ONSET AND DEATH <i>E97h</i>
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Self-inflicted</i>		
	DUE TO (c) <i>suicide</i>		
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) <i>Suicide</i>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <i>Home</i>		21c. (CITY TOWN OR TOWNSHIP) (COUNTY) (STATE) <i>Albany Gentry Mo</i>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <i>2 22 1950 9P</i>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <i>Gun shot wound self-inflicted</i>	

22. I hereby certify that I attended the deceased from *2-22, 1950*, to *2-22, 1950*, that I last saw the deceased alive on *2-22, 1950*, and that death occurred at *9P* m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <i>Charles W. McMillan Gentry Co. S.D.O.</i>		23b. ADDRESS <i>Gentry Mo</i>		23c. DATE SIGNED <i>2-22-50</i>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24b. DATE <i>Feb. 25-1950</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Highland Cemetery</i>		24d. LOCATION (City, town, or county) (State) <i>Albany, Missouri</i>	
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DATE REC'D BY LOCAL REG. <i>Feb 24-1950</i>		REGISTRAR'S SIGNATURE <i>Mrs. Edith Leibold</i>		430 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>Clifford Brown Albany Mo</i>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD



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 me

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Alfred Brooke

Licensed Embalmer No. 3329

P. O. Address Albany 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.