

FILED MAY 8 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **13915**

BIRTH NO. _____ REG. DIST. NO. 243 PRIMARY REG. DIST. NO. 3047 Registrar's No. 51

1. PLACE OF DEATH a. COUNTY <u>Newton</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Newton</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Neosho</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Neosho</u>	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) <u>214 Grant St.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Sale Memorial Hospital</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Frank</u> b. (Middle) <u>Jasper</u> c. (Last) <u>Rich</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>April 24, 1950</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>October 7, 1897</u>		9. AGE (In years last birthday) <u>52</u>		10. IF UNDER 1 YEAR Months <u>6</u> Days <u>17</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Sterilizer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Pet Milk Co.</u>		11. BIRTHPLACE (State or foreign country) <u>Fairland Oklahoma</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					

13a. FATHER'S NAME <u>Will Rich</u>		13b. MOTHER'S MAIDEN NAME <u>Molly Kelley</u>		14. NAME OF HUSBAND OR WIFE <u>Odecia Rich</u>	
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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) <u>No</u> <u>None</u>		16. SOCIAL SECURITY NO. <u>487-09-2473</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Odecia Rich, Neosho Missouri</u>	
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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, asthenia, 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 Heart Disease</u>				INTERVAL BETWEEN ONSET AND DEATH	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				<u>4/20/50</u>	

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)	
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 4-15, 1950, to 4-24, 1950 that I last saw the deceased alive on 4-24, 1950 and that death occurred at 11:30 A.M., from the causes and on the date stated above.

23a. SIGNATURE <u>Paul C. Davis M.D.</u>		23b. ADDRESS <u>Neosho, Mo.</u>		23c. DATE SIGNED <u>4-28-50</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Apr. 26, 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Neosho I. O. O. F.</u>		24d. LOCATION (City, town, or county) (State) <u>Neosho Missouri</u>	
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DATE REC'D BY LOCAL REG. <u>Apr 28, 1950</u>		REGISTRAR'S SIGNATURE <u>Melvin C. Bonner</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Barley Thompson</u>		ADDRESS <u>Neosho Mo</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

737
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RECEIVED

MAR 15 1951

District Health Officer No. Newton Co. Health Dept.

District File Number 550-107

Date Filed MAY 3 1950

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: Rollie Kessel

Licensed Embalmer No. 4690

P. O. Address Newton, 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.