

FILED MAY 8 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

BIRTH NO. .... REG. DIST. NO. 276 PRIMARY REG. DIST. NO. 5945 Registrar's No. 26

1. PLACE OF DEATH a. COUNTY Phelps		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Washington	
b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN St. James, Dillon <sup>township</sup>	c. LENGTH OF STAY (in this place) 17 Months	c. CITY (If outside corporate limits, write RURAL and give township) 1101 OR TOWN Potosi	
d. FULL NAME OF HOSPITAL OR INSTITUTION Ferndale Nursing Home		d. STREET ADDRESS	

3. NAME OF DECEASED (Type or Print) a. (First) William b. (Middle) Henry c. (Last) Richards			4. DATE OF DEATH April 26, 1950 (Month) (Day) (Year)		
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH March 24, 1867		9. AGE (In years last birthday) 83 if UNDER 1 YEAR Months Days if UNDER 12 HRS. Hours Min.	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Tie Hacker	10b. KIND OF BUSINESS OR INDUSTRY Lumber business	11. BIRTHPLACE (State or foreign country) Montgomery City, Mo 0		12. CITIZEN OF WHAT COUNTRY? USA	
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13a. FATHER'S NAME William Richards	13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE Unknown (Deceased)			
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME ADDRESS E. Hackey, St. James, Missouri.			
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Accidental suffocation</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a), stating the underlying cause last. DUE TO (b) <u>in eating bread</u>  DUE TO (c)  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			INTERVAL BETWEEN ONSET AND DEATH 0
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19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Ferndale Nursing Home	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) INFORMANT'S SIGNATURE REQUESTED
21d. TIME OF INJURY	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 January 30/19 50, to February 26/19 50, that I last saw the deceased alive on 4-13, 1950, and that death occurred at 5:10 P.m., from the causes and on the date stated above.

23a. SIGNATURE C. J. Hammler, M.D. (Degree or title)	23b. ADDRESS St. James, Mo.	23c. DATE SIGNED 4-27-50
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 4-27-1950	24c. NAME OF CEMETERY OR CREMATORY new Diggers	24d. LOCATION (City, town, or county) (State) Washington Co Mo
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DATE REC'D BY LOCAL REG May 1, 1950	REGISTRAR'S SIGNATURE Vera C. Birmingham	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Oral E. Licklider, St. James, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

Phelps County Health Officer,

County File Number \_\_\_\_\_

Date Filed 5-3-50

**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 \_\_\_\_\_

*me*

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Signed \_\_\_\_\_

*Carl J. Glenn*

Licensed Embalmer No. 4707

Signed \_\_\_\_\_  
Student Embalmer

P. O. Address St. James, 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.