

FILED APR 28 1950

## STANDARD CERTIFICATE OF DEATH

State File No. 14138

|   |  |   |  |   |  |   |  |
|---|--|---|--|---|--|---|--|
| BIRTH NO. _____   |  | REG. DIST. NO. <u>282</u>   |  | PRIMARY REG. DIST. NO. <u>5974</u>  |  | Registrar's No. <u>59</u>   |  |
| 1. PLACE OF DEATH<br>a. COUNTY <u>Polk Township</u>   |  |   |  | 2. USUAL RESIDENCE (Where deceased lived) (If institution: residence before admission).<br>a. STATE <u>Missouri</u> b. COUNTY <u>Polk</u> |  |   |  |
| b. CITY (If outside corporate limits, write RURAL and give township)<br><u>Goodson</u>  |  | c. LENGTH OF STAY (for this place)<br><u>4 1/2 yrs</u>  |  | c. CITY (If outside corporate limits, write RURAL and give township)<br><u>Goodson, Polk Township Rural</u>                               |  |   |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION<br><u>5 Miles North of Goodson</u>  |  |   |  | d. STREET ADDRESS (If rural, give location)<br><u>5 Mi. N. of Goodson</u>   |  |   |  |
| 3. NAME OF DECEASED<br>(Type or Print)  |  | a. (First) <u>Anna</u>  |  | b. (Middle) <u>Alce (Allie)</u>   |  | c. (Last) <u>Richards</u>   |  |
| 4. DATE OF DEATH<br>(Month) (Day) (Year)<br><u>April 8 1950</u>   |  | 5. SEX<br><u>Female</u>   |  | 6. COLOR OR RACE<br><u>white</u>  |  | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br><u>Married</u>    |  |
| 8. DATE OF BIRTH<br><u>Feb 6 1882</u>   |  | 9. AGE (In years last birthday) <u>68</u>   |  | 10. UNDER 1 YEAR<br>Months <u>2</u> Days <u>2</u>   |  | 11. 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)<br><u>Housekeeper</u>   |  | 10b. KIND OF BUSINESS OR INDUSTRY<br><u>Housework</u>   |  | 11. BIRTHPLACE (State or foreign country)<br><u>Henry County Missouri</u>   |  | 12. CITIZEN OF WHAT COUNTRY?<br><u>USA</u>                                  |  |
| 13. FATHER'S NAME<br><u>Benjamin S. Parker</u>  |  | 13b. MOTHER'S MAIDEN NAME<br><u>Martha Emma Gray</u>  |  | 14. NAME OF HUSBAND OR WIFE<br><u>Albert Richards</u>   |  |   |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)<br><u>No</u>  |  | 16. SOCIAL SECURITY NO.<br><u>None</u>  |  | 17. INFORMANT'S SIGNATURE OR NAME<br><u>Albert Richards</u>   |  | ADDRESS<br><u>Goodson Mo</u>  |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.  |  | 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Primary atypical Pneumonia</u>  |  |   |  | INTERVAL BETWEEN ONSET AND DEATH  |  |
|   |  | ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <u>Chronic Bronchitis</u> |  |   |  |   |  |
|   |  | DUE TO (c) <u>Rheumatic Heart Disease</u>   |  |   |  |   |  |
|   |  | II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.                           |  |   |  | <u>4/15 X</u>   |  |
| 19a. DATE OF OPERATION  |  | 19b. MAJOR FINDINGS OF OPERATION  |  |   |  | 20. AUTOPSY?<br>YES <input type="checkbox"/> NO <input 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 <u>April 6</u> , 19 <u>50</u> , to <u>April 8</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>April 8</u> , 19 <u>50</u> , and that death occurred at <u>4:20 p.m.</u> , from the causes and on the date stated above. |  |   |  |   |  |   |  |
| 23a. SIGNATURE<br><u>G.D. Smith</u>   |  |   |  | 23b. ADDRESS<br><u>M.D.</u>   |  | 23c. DATE SIGNED<br><u>April 1950</u>                                       |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify)   |  | 24b. DATE<br><u>April 10 1950</u>   |  | 24c. NAME OF CEMETERY OR CREMATORY<br><u>Hopewell Cemetery</u>  |  | 24d. LOCATION (City, town, or county) (State)<br><u>North of Goodson Mo</u> |  |
| DATE REC'D BY LOCAL REG.<br><u>April 26 1950</u>  |  | REGISTRAR'S SIGNATURE<br><u>Ralph Gordon</u>  |  | 25. FUNERAL DIRECTOR'S SIGNATURE<br><u>James Earl</u>   |  | ADDRESS<br><u>Blue Bolivar Mo</u>   |  |

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Officer No

District File Number 3-50-4

Date Filed 4-27-50

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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed Willard B. Erwin

Signed.....  
Student Embalmer

Licensed Embalmer No. 3092

P. O. Address Bolivar, 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.