

FILED JUL 10 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 19292

0050  
1

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

BIRTH NO. _____		REG. DIST. NO. <u>11</u>		PRIMARY REG. DIST. NO. <u>4073</u>		Registrar's No. <u>48</u>			
1. PLACE OF DEATH a. COUNTY <u>Berry</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Berry</u>					
b. CITY OR TOWN <u>Exeter Mo</u>		c. LENGTH OF STAY (in this place) <u>7 weeks</u>		c. CITY OR TOWN <u>Exeter</u>		0050			
d. FULL NAME OF HOSPITAL OR INSTITUTION _____				d. STREET ADDRESS (If rural, give location) <u>0</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>HENRY</u> b. (Middle) <u>William</u> c. (Last) <u>Richter</u>			4. DATE OF DEATH (Month) <u>6</u> (Day) <u>23</u> (Year) <u>50</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 4, 1874</u>			
9. AGE (In years last birthday) <u>76</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 24 HRS. Hours _____ Min. _____					
10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) <u>Retired Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Own Farm</u>		11. BIRTHPLACE (State or foreign country) <u>Indiana</u>		12. CITIZEN OF WHAT COUNTRY? <u>AMERICAN</u>			
13a. FATHER'S NAME <u>Elias Richter</u>			13b. MOTHER'S MAIDEN NAME <u>Millie Marlin</u>			14. NAME OF HUSBAND OR WIFE <u>EMMA RICHTER</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>NO</u>		17. INFORMANT'S SIGNATURE OR NAME <u>D. B. Gregory</u>		ADDRESS <u>Picher Okla.</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, asthenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Diabetes mellitus</u>  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>26 07</u>				INTERVAL BETWEEN ONSET AND DEATH <u>3 mo.</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) <u>23</u> (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>May 1, 1950</u> , to <u>June 23, 1950</u> , that I last saw the deceased alive on <u>June 23, 1950</u> , and that death occurred at <u>4:30 a.m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>[Signature]</u> (Degree or title) <u>D.P.</u>				23b. ADDRESS <u>Exeter Mo.</u>		23c. DATE SIGNED <u>6-23-50</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Buried</u>		24b. DATE <u>6-26-50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>S. A. R. Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Miami, Oklahoma</u>			
DATE REC'D BY LOCAL REG. <u>June 30, 1950</u>		REGISTRAR'S SIGNATURE <u>Grace Williams</u>		10		25. FUNERAL DIRECTOR'S SIGNATURE <u>Joseph Marton Picher Okla</u> ADDRESS _____			

DISTRICT HEALTH OFFICE #6  
MONETT, MISSOURI

Rec 2-3-50  
File - 750-748  
2-5-50

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.....

*Joseph Mactor*

Signed.....  
Student Embalmer

Licensed Embalmer No. 1334

P. O. Address Box 205 Picher, Okla.

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.