

No. 300
10-48
FILED SEP 11 1950THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 29231

BIRTH NO. _____		REG. DIST. NO. <u>366</u>		PRIMARY REG. DIST. NO. <u>6244</u>		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY <u>Washington</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Washington</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Breton Twp</u>		c. LENGTH OF STAY (in this place) <u>4 years</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Breton Twp</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Near Potosi Mo</u>				d. STREET ADDRESS (If rural, give location) <u>Near Potosi 1107</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Amanda</u> b. (Middle) <u>Ellen</u> c. (Last) <u>Richard</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Aug. 28 1950</u>				
5. SEX <u>Female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Dec. 19 1883</u>		9. AGE (In years) (Months) (Days) (Hours) (Min.) <u>66 8 9</u>	IF UNDER 1 YEAR	IF UNDER 2 WKS.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House work</u>		10b. KIND OF BUSINESS, OR INDUSTRY <u>none</u>		11. BIRTHPLACE (State or foreign country) <u>Crawford Co. Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>William Studders</u>		13b. MOTHER'S MAIDEN NAME <u>Emily Pruitt</u>		14. NAME OF HUSBAND OR WIFE <u>George A. Richard</u>			
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 <u>Mrs. Anderson Farris Herculano, Mo.</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION					
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</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) <u>Hypertensive Cardis -</u> <u>Arteriosclerotic Disease</u> DUE TO (c) _____					
		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 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>October 19 48</u> , to <u>Aug. 28, 1950</u> , that I last saw the deceased alive on <u>Aug 15, 1950</u> , and that death occurred at <u>7:30 P.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Edward W. Lusk, Jr.</u> (Degree or title) <u>D.O.</u>				23b. ADDRESS <u>Potosi, Mo.</u>		23c. DATE SIGNED <u>8-31-50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>8-30-50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Cale Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Washington Co. Mo.</u>		
DATE REC'D BY LOCAL REG. <u>8/31/50</u>		REGISTRAR'S SIGNATURE <u>Hubert Rudolph</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Luther Spahr Potosi Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

SEP 15 1950

RECEIVED

SEP 6 1950

WASH. COUNTY HEALTH DEPT.

File No. 950-27

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.....

Murphy L Sparks

Signed.....

Student Embalmer

Licensed Embalmer No. 4236

P. O. Address Flat River 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.