

FILED DEC 22 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Star File No. 41858

BIRTH NO. _____ REG. DIST. NO. 297 PRIMARY REG. DIST. NO. 6022 Registrar's No. 69

890

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

1. PLACE OF DEATH a. COUNTY <u>Ray</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Ray</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural-Richmond Twn.</u> c. LENGTH OF STAY (In this place) <u>Life</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural-Richmond Twn.</u> <u>0890</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>2 Miles SW. Richmond</u>		d. STREET ADDRESS (If rural, give location) <u>2 Miles SW Richmond</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Frank</u> b. (Middle) <u>(None)</u> c. (Last) <u>Outersky</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 10, 1950</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>	8. DATE OF BIRTH <u>Nov. 9, 1895</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Coal Miner--Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Mining - Farming</u>	9. AGE (In years last birthday) <u>55</u> IF UNDER 1 YEAR <u>1</u> Days IF UNDER 11 HRS. <u>1</u> Hours <u>0</u> Min.
11. BIRTHPLACE (State or foreign country) <u>Czechoslovakia, 6</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Joseph Outersky</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>	14. NAME OF HUSBAND OR WIFE <u>None</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>487-03-9021</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Edward Higdon, Richmond, Mo.</u> ADDRESS
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>Cromay Occlusion</u> ANTECEDENT CAUSES <u>Arterial Sclerosis</u> DUE TO (b) _____ DUE TO (c) _____ Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. 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 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) (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>June 1, 1950</u> , to <u>Dec. 10, 1950</u> , that I last saw the deceased alive on <u>Dec. 10, 1950</u> , and that death occurred at <u>10:30 AM</u> from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Dr. E. J. Ruman H.B. 202</u>		23b. ADDRESS <u>Richmond, Mo</u>	23c. DATE SIGNED <u>12/11/50</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Dec. 13, 1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Sunny Slope</u>	24d. LOCATION (City, town, or county) (State) <u>Richmond, Mo.</u>
DATE REC'D BY LOCAL REG. <u>Dec. 15-1950</u>	REGISTRAR'S SIGNATURE <u>Malcolm Jackson</u> <u>273</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>QUEST-LIFE FUNERAL HOME</u> ADDRESS <u>RICHMOND, MISSOURI</u> <u>By W. E. Risher</u>	



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 _____

Licensed Embalmer No. 4792

P. O. Address Richmond 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.