

FILED FEB 2 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 143

BIRTH NO. _____ REG. DIST. NO. 32 PRIMARY REG. DIST. NO. 4042 Registrar's No. 6

1. PLACE OF DEATH a. COUNTY <u>Bollinger,</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Hollinger,</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Lutesville,</u>		c. LENGTH OF STAY (In this place) _____	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Bond Home for the Age,</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Lutesville,</u>	
		d. STREET ADDRESS (If rural, give location) <u>Lutesville,</u>	
3. NAME OF DECEASED a. (First) <u>Rufus</u> b. (Middle) <u>Lafayette,</u> c. (Last) <u>Richards,</u>			4. DATE OF DEATH (Month) <u>1</u> (Day) <u>21</u> (Year) <u>51</u>
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>8-17-1859</u>
9. AGE (In years last birthday) <u>91</u>	IF UNDER 1 YEAR Months <u>5</u> Days <u>4</u>	IF UNDER 12 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farming,</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Merchant,</u>	11. BIRTHPLACE (State or foreign country) <u>Todd County Kentucky /</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>Claborn D. Richards,</u>		13b. MOTHER'S MAIDEN NAME <u>Jane Floyd,</u>	14. NAME OF HUSBAND OR WIFE <u>Maggie Keleher,</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs Otto Priddy, Glen Allen, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardiac De-compensation</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>Cerebral Hemorrhage</u> DUE TO (c) <u>Atherosclerosis</u> II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</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) (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>Jan 2, 1954,</u> to <u>Jan 20, 1951,</u> that I last saw the deceased alive on <u>Jan 20, 1951,</u> and that death occurred at _____ m., from the causes and on the date stated above.			
23a. SIGNATURE (Deceased or title) <u>John J. Myers D.D.</u>		23b. ADDRESS <u>Lutesville Mo.</u>	23c. DATE SIGNED <u>1/23/51</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>1-23-51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Baker Cemeatery</u>	24d. LOCATION (City, town, or county) (State) <u>Lutesville, Mo.</u>
DATE REC'D BY LOCAL REG. <u>Jan 23, 1951</u>	REGISTRAR'S SIGNATURE <u>Willie Dan Amburg</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Coop Shetley - Lutesville Mo.</u>	

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

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RECEIVED

JAN 31 1951

DISTRICT HEALTH OFFICE No. 6

No. No.

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 *Howard P. Haman*

Signed.....
Student Embalmer

Licensed Embalmer No. *4122*

P. O. Address *Cape Girardeau*

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.