

FILED MAR 29 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 7701

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 47 PRIMARY REG. DIST. NO. 3008 Registrar's No. 71

|   |  |   |  |
|---|--|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Callaway</u>  |  | 2. USUAL RESIDENCE (Where deceased lived. If institutions residence before admission)<br>a. STATE <u>Missouri</u> b. COUNTY <u>Callaway</u>   |  |
| b. CITY (If outside corporate limits, write RURAL and give township) <u>Fulton</u>  |  | c. CITY (If outside corporate limits, write RURAL and give township) <u>Fulton</u> <u>0143</u>  |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Callaway County Hospital</u>   |  | d. STREET ADDRESS (If rural, give location) <u>833 Walnut</u>   |  |
| 3. NAME OF DECEASED (Type or Print)<br>a. (First) <u>James</u> b. (Middle) <u>Andrew</u> c. (Last) <u>Richmond</u>  |  |   | 4. DATE OF DEATH (Month) (Day) (Year) <u>Mar. 12 - 1951</u>                      |
| 5. SEX <u>Male</u>  | 6. COLOR OR RACE <u>Negro</u>  | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>   | 8. DATE OF BIRTH <u>1873</u>   |
| 9. AGE (In years last birthday) <u>78</u>   |  | 10. IF UNDER 1 YEAR Months _____ Days _____   | 10. IF UNDER 1 YEAR Hours _____ Min. _____                                       |
| 10a. USUAL OCCUPATION (Of what kind of work doing the most of working life, even if retired) <u>Drayman</u>   |  | 10b. KIND OF BUSINESS OR INDUSTRY <u>Public</u>   | 11. BIRTHPLACE (State or foreign country) <u>Callaway County, Mo.</u>            |
| 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>  |  | 13a. FATHER'S NAME <u>D.K.</u>  | 13b. MOTHER'S MAIDEN NAME <u>D.K.</u>  |
| 14. NAME OF HUSBAND OR WIFE <u>J. Eld</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>None</u>   |  | 17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Ella Richmond, Fulton, Mo.</u> ADDRESS _____  |  |
| 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, asthenia, etc. It means the disease, injury, or complication which caused death.                               |  | MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of the Colon</u><br><br>ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) _____<br>DUE TO (c) <u>Resection of the Colon</u><br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. <u>Removal of</u> |  |
| INTERVAL BETWEEN ONSET AND DEATH<br><u>153x</u>   |  |   |  |
| 19a. DATE OF OPERATION <u>2/20/51</u>   | 19b. MAJOR FINDINGS OF OPERATION <u>Carcinoma at the splenic flexure of Colon</u>                      |   | 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>Jan 18, 1951</u> , to <u>Mar. 12, 1951</u> , that I last saw the deceased alive on <u>Mar. 12, 1951</u> , and that death occurred at <u>8:25 P.M.</u> from the causes and on the date stated above. |  |   |  |
| 23a. SIGNATURE <u>R. M. News</u> (Degree or title)  |  | 23b. ADDRESS <u>Fulton Mo</u>   | 23c. DATE SIGNED <u>3/14/51</u>  |
| 24a. BURIAL CREMATION OR REMOVAL (Specify) <u>Burial</u>  | 24b. DATE <u>Mar. 15-51</u>  | 24c. NAME OF CEMETERY OR CREMATORY <u>Old Richland</u>  | 24d. LOCATION (City, town, or county) (State) <u>Rural Fulton, Mo.</u>           |
| DATE REC'D BY LOCAL REG. <u>Mar. 14-1951</u>  | REGISTRAR'S SIGNATURE <u>Maretta Lawrence</u> <u>426</u>   | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Eli Bell</u> ADDRESS <u>Fulton, Mo.</u>   |  |

(Licensed Embalmer's Statement on Reverse Side)

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

143  
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File No. \_\_\_\_\_  
DISTRICT HEALTH OFFICE No. 4

MAR 13 1951

RECEIVED

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~~ by \_\_\_\_\_

*Harry T. Bell*

Student Embalmer No. 403

working under my personal supervision.

Student *Harry T. Bell*  
Student Embalmer

Signed *Eli Bell*

Licensed Embalmer No. 2130

P. O. Address Fulton, 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.