

FILED JUN 4 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 16360

BIRTH NO.		REG. DIST. NO. 141	PRIMARY REG. DIST. NO. 3045	Registrar's No. 8
1. PLACE OF DEATH a. COUNTY <b>Howell</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Howell</b>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>West Plains</b>		c. LENGTH OF STAY (in this place) <b>19 yrs</b>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>West Plains 0461</b>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>residence</b>		d. STREET ADDRESS (If rural, give location) <b>604 East Main St.</b>		
3. NAME OF DECEASED (Type or Print) a. (First) <b>Claude</b> b. (Middle) <b>Ernest</b> c. (Last) <b>Richards</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>May 13, 1951</b>	
5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>	8. DATE OF BIRTH <b>Jan. 22, 1897</b>	9. AGE (in years) <b>54</b> if UNDER 1 YEAR: Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Merchant</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Dept. Stores</b>		11. BIRTHPLACE (State or foreign country) <b>Horseshoe, Mich.</b>
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		13a. FATHER'S NAME <b>Ernest Richards</b>		
13b. MOTHER'S MAIDEN NAME <b>Jennie Wells</b>		14. NAME OF HUSBAND OR WIFE <b>Edna Hill Richards</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>		16. SOCIAL SECURITY NO. <b>none</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. Claude E. Richards, W. Plains, Mo.</b>
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Acute Myocardial Infarction</b> INTERVAL BETWEEN ONSET AND DEATH <b>2 1/2 hrs.</b> ANTECEDENT CAUSES DUE TO (b) <b>Acute Myocardial Infarction</b> <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (c) <b>Coronary Sclerosis</b> II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>4201</b>		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 <b>11-4-1950</b> , to <b>5-13-1951</b> , that I last saw the deceased alive on <b>5-13-1951</b> , and that death occurred at <b>2<sup>00</sup> p. m.</b> , from the causes and on the date stated above.				
23a. SIGNATURE <b>E. C. Bohrer</b> (Degree or title) <b>Dr.</b>		23b. ADDRESS <b>West Plains, Mo.</b>		23c. DATE SIGNED <b>5-10-51</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>		24b. DATE <b>May 16, 1951</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Mackey Cem.</b>
24d. LOCATION (City, town, or county) (State) <b>Howell County, Mo.</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Hal Houbenburgh W. Plains, Mo.</b>		
DATE REC'D BY LOCAL REG. <b>5-22-51</b>		REGISTRAR'S SIGNATURE <b>Beatrice Cook</b>		

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

DIVISION OF HEALTH OF MO.  
District No. 5 - Springfield

RECEIVED MAY 28 1951

D. of H. File: 33-1-9203

Date Filed: 5-28-51

MAY 21 1951

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

*Hal Thomburg*

Licensed Embalmer No.

3408

P. O. Address

*W. Plains, 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.