

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

19940

State File No.

FILED JUN 26 1957

BIRTH NO. _____ REG. DIST. NO. 121 PRIMARY REG. DIST. NO. 5452 Registrar's No. 8

1. PLACE OF DEATH a. COUNTY <u>Greene</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Greene</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Boone</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Boone</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Ash Grove R#2</u>		d. STREET ADDRESS (If rural, give location) <u>Ash Grove R#2 A390</u>	
3. NAME OF DECEASED a. (First) <u>NANCY</u> b. (Middle) <u>ELLEN</u> c. (Last) <u>RICHTER</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>JUNE 14, 1951</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>August 12, 1870</u>
9. AGE (In years last birthday) <u>80</u>		IF UNDER 1 YEAR Months <u>10</u> Days <u>2</u>	IF UNDER 18 Hrs. <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>	11. BIRTHPLACE (State or foreign country) <u>Missouri</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>George Snider</u>	
13b. MOTHER'S MAIDEN NAME <u>Emelda Murray</u>		14. NAME OF HUSBAND OR WIFE <u>Lewis Richter</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. _____	
17. INFORMANT'S SIGNATURE OR NAME <u>Dr. Clarence Catson</u>		ADDRESS <u>Bois Darc 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 Thrombosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arterio sclerosis</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 checked="" type="checkbox"/>		4201	
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>June 1, 1951</u> , to <u>6-14, 1951</u> , that I last saw the deceased alive on <u>6/14, 1951</u> , and that death occurred at <u>7:30 p.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Dr. Clarence Catson</u> (Degree or title) <u>Dr</u>		23b. ADDRESS <u>Bois Darc Mo</u>	
23c. DATE SIGNED <u>6/15/51</u>		23d. _____	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Buried</u>		24b. DATE <u>6-16-51</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Ash Grove Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Ash Grove Mo.</u>	
DATE REC'D BY LOCAL REG. <u>6/21/51</u>		REGISTRAR'S SIGNATURE <u>Drene H. Wilson</u>	
FUNERAL DIRECTOR'S SIGNATURE <u>Primm Funeral Service</u>		ADDRESS <u>Ash Grove Mo.</u>	

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

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RECEIVED

Greene County Health Office,

County File Number 51-6-38

Date Filed 6-18-51

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 William D. Noble

Licensed Embalmer No. 4005

P. O. Address Cash Grove

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.