

FILED JUL 23 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 25848

BIRTH NO. _____		REG. DIST. NO. 32L		PRIMARY REG. DIST. NO. 6101		Registrar's No. 33	
1. PLACE OF DEATH a. COUNTY <u>Scotland</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE <u>Mo</u> b. COUNTY <u>Scotland</u>			
b. CITY OR TOWN <u>Rural</u>		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Harrison</u>		d. STREET ADDRESS (If rural, give location) <u>0990</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Florence</u> b. (Middle) <u>J</u> c. (Last) <u>Richeberg</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>June 5 1951</u>				
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Dec 30 1885</u>		9. AGE (To year last birthday) <u>65</u>	10. UNDER 1 YEAR Months <u>5</u> Days <u>5</u>	11. UNDER 12 HRS. Hours <u>5</u> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Homemaker</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Scotland Co Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>US</u>	
13a. FATHER'S NAME <u>John W. Smith</u>		13b. MOTHER'S MAIDEN NAME <u>Elizabeth J. Trickett</u>		14. NAME OF HUSBAND OR WIFE <u>Black Richeberg</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes; no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <u>Nellie Ewing</u>		ADDRESS <u>Memphis 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, ashenia, 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) _____ DUE TO (c) <u>Chest crushed in</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Left Arm and Left Leg Broken</u>				INTERVAL BETWEEN ONSET AND DEATH <u>15 minutes</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>9/16/51</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE <u>Car Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Highway</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Jefferson Twp Scotland, Mo.</u>			
21d. TIME OF INJURY <u>June 5-51A</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Failed to stop at stop sign</u>			
22. I hereby certify that I attended the deceased from <u>6-5-</u> , 19 <u>51</u> , to <u>6-5-</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>6-5-</u> , 19 <u>51</u> , and that death occurred at <u>10:15 A</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>A. M. Keethler, D.O.</u>				23b. ADDRESS <u>Memphis, Mo.</u>		23c. DATE SIGNED <u>6-5-51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>June 7 1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Gavin Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Gavin Mo</u>		
DATE REC'D BY LOCAL REG. <u>7/10/51</u>		REGISTRAR'S SIGNATURE <u>OTW Baker 407</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Gertha Bessitt</u>		ADDRESS <u>Memphis Mo</u>	

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

Date Received: JUL 14 1951  
DISTRICT HEALTH OFFICE #2  
District File Number 7-57-1255'  
Date Filed: JUL 14 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 Albert C Gerth

Licensed Embalmer No. 4257

P. O. Address Memphis 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.