

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

NOV 14 1951

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 38 PRIMARY REG. DIST. NO. 3006 Registrar's No. 288

1. PLACE OF DEATH a. COUNTY <b>Boone</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Boone</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Columbia</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Columbia</b>	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) <b>222 West Ash St.</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Boone County Hospital</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>JOSEPH</b> b. (Middle) <b>EDGAR</b> c. (Last) <b>RICHARDS</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Nov. 7, 1951</b>		
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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>March 13, 1874</b>	9. AGE (In years last birthday) <b>77</b>	IF UNDER 1 YEAR Months <b>7</b> Days <b>24</b>	IF UNDER 24 HRS. Hours <b></b> Min. <b></b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired Farmer</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>---</b>	11. BIRTHPLACE (State or foreign country) <b>Boone County, Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>
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13a. FATHER'S NAME <b>Stephen Green Richards</b>	13b. MOTHER'S MAIDEN NAME <b>Sarah Catherine Frakes</b>	14. NAME OF HUSBAND OR WIFE <b>Lillian Allton Richards</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b> (If yes, give war or dates of service) <b>---</b>	16. SOCIAL SECURITY NO. <b>---</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. J.E. Richards, Columbia, Mo.</b>
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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, assthenia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral hemorrhage</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>hypertensive cardio-vascular disease</b> DUE TO (c) <b>old cerebral hemorrhage</b>		
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 <b>443X</b>	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from Nov 7, 1951, to Nov 7, 1951, that I last saw the deceased alive on Nov. 7, 1951, and that death occurred at 11:20 a. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>LeRoy Miller M.D.</b>	23b. ADDRESS <b>Suitor Bldg.</b>	23c. DATE SIGNED <b>8 Nov 51</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>Nov. 9, 1951</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Columbia Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Columbia, Mo.</b>
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DATE REC'D BY LOCAL REG. <b>Nov. 9, 1951</b>	REGISTRAR'S SIGNATURE <b>Mrs. R.E. Palmer</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Parson Funeral Service, Columbia Mo.</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

105  
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RECEIVED NOV 13 1951

DISTRICT HEALTH OFFICE No. 3

District File Number

Date Filed

NOV 13 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, ~~only~~ \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed

*Clarence M. Billo*

Licensed Embalmer No. *4375*

P. O. Address

*Columbia, 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.