No. 300
10.48

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

FILED DEC 15 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 39622

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 10796

1. PLACE OF DEATH
a. COUNTY: –
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): ST. LOUIS, MISSOURI
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): BARNES HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Illinois
b. COUNTY: Jasper
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Newton 8120
d. STREET ADDRESS (If rural, give location): 602 So VanBuren

3. NAME OF DECEASED (Type or Print)
a. (First): LEWIS
b. (Middle): DENSTON
c. (Last): RICHARDS

4. DATE OF DEATH (Month): 12 (Day): 4 (Year): 51

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 7-6-1869
9. AGE (In years last birthday): 82 If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Merchant
10b. KIND OF BUSINESS OR INDUSTRY: Tire
11. BIRTHPLACE (State or foreign country): Jasper County Ill
12. CITIZEN OF WHAT COUNTRY? US

13a. FATHER'S NAME: Aaron Richards
13b. MOTHER'S MAIDEN NAME: Mary Lancaster
14. NAME OF HUSBAND OR WIFE: Cora

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: Cora Richards
ADDRESS: Newton Illinois.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CANCER OF RIGHT SIDE OF COLON — INTERVAL BETWEEN ONSET AND DEATH: FEW MONTHS

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

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: 12/1/51
19b. MAJOR FINDINGS OF OPERATION: CANCER OF RIGHT SIDE OF COLON
20. AUTOPSY? YES ☐ NO ☒

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? 153X

22. *I hereby certify that I attended the deceased from* 11/18, 1951, *to* 12/4, 1951, *that I last saw the deceased alive on* 12/4, 1951, *and that death occurred at* 10:40A m., *from the causes and on the date stated above.*

23a. SIGNATURE: F R Bradley
(Degree or title): M.D.
23b. ADDRESS: BARNES HOSPITAL
23c. DATE SIGNED: 12/4/51

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 12-4-1951
24c. NAME OF CEMETERY OR CREMATORY:
24d. LOCATION (City, town, or county) (State): Newton Illinois

DATE REC'D BY LOCAL REG.: DEC 5 1951
REGISTRAR'S SIGNATURE: J. Earl Smith M.D.
25. FUNERAL DIRECTOR'S SIGNATURE: Rowland Mortuary Svc
ADDRESS: StLouis Mo

(Licensed Embalmer's Statement on Reverse Side)

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. _____

BIRTH NO. _____ LOCAL DIST. NO. _____ PRIMARY REG. DIST. NO. _____ Registrar's No. _____

1. PLACE OF DEATH
a. COUNTY

b. CITY (If within city limits, write "INSIDE") OR TOWN

c. LENGTH OF STAY (In this place)

d. FULL NAME OF HOSPITAL OR INSTITUTION

2. USUAL RESIDENCE (Where deceased lived. If institution, indicate place where deceased lived before admission)
a. STATE
b. COUNTY

c. CITY (If within city limits, write INSIDE, and give ward) OR TOWN

e. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)
a. (First)
b. (Middle)
c. (Last)

4. DATE OF DEATH (Month) (Day) (Year)

5. SEX

6. COLOR OR RACE

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years last birthday)

10. IF UNDER 1 YEAR: Months, Days, Hours, Minutes

11. KIND OF BUSINESS OR INDUSTRY

12. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

13. BIRTHPLACE (State or foreign country)

14. CITIZEN OF WHAT COUNTRY

15a. FATHER'S NAME

15b. MOTHER'S MAIDEN NAME

16. NAME OF HUSBAND OR WIFE

17. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

18. SOCIAL SECURITY NO.

19. INFORMANT'S SIGNATURE OR NAME

ADDRESS

20. CAUSE OF DEATH
Enter only one cause on line (a), (b), and (c)

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____

DUE TO (b) _____

DUE TO (c) _____

II. OTHER SIGNIFICANT CONDITIONS
Other significant conditions contributing to the death but not related to the disease or condition causing death.

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It should be a disease, injury, or complication that caused death.

MEDICAL CERTIFICATION

INTERVAL BETWEEN ONSET AND DEATH

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (At home, farm, factory, street, office building, etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY

21e. INJURY OCCURRED WHILE AT WORK

21f. HOW DID INJURY OCCURR

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.**

☐ YES ☐ NO

Signed Ben E. Hoffman

Student Embalmer

Licensed Embalmer No. 4 6 6

P. O. Address Hannibal Mo

22a. NAME OF CEMETERY OR CREMATORY

22b. LOCATION (City, town, or county) (State)

22c. ADDRESS

22d. DATE

22e. DATE SIGNED

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.

DATE RECD BY LOCAL REG.

REGISTRAR'S SIGNATURE

(Continue Information on Reverse Side)