

5. No. FILED JAN 28 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1979

1600
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

BIRTH NO. _____ REG. DIST. NO. 194 PRIMARY REG. DIST. NO. 5212 Registrar's No. 2

1. PLACE OF DEATH a. COUNTY <u>McDonald</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>McDonald</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural - Richmond</u>		c. LENGTH OF STAY (In this place) <u>28 yrs.</u>	
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural - Richmond</u>		d. STREET ADDRESS (If rural, give location) <u>Rocky Comfort</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Rocky Comfort, Rural</u>		d. STREET ADDRESS (If rural, give location) <u>Rocky Comfort</u>	
3. NAME OF DECEASED a. (First) <u>Elijah</u> b. (Middle) <u>Mitchel</u> c. (Last) <u>Richmond</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 20-1952</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>July 3, 1879</u>
9. AGE (In years last birthday) <u>72</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>	11. BIRTHPLACE (State or foreign country) <u>Missouri</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>Louis Dunn Richmond</u>		13b. MOTHER'S MAIDEN NAME <u>Martha Anna Foster</u>	14. NAME OF HUSBAND OR WIFE <u>Soldie M. Richmond</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. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Soldie M. Richmond</u> ADDRESS <u>Rocky Comfort, 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> INTERVAL BETWEEN ONSET AND DEATH <u>3 weeks</u> ANTECEDENT CAUSES Morbidity 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		19b. MAJOR FINDINGS OF OPERATION <u>4201</u>	
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) (Minute)	
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 _____, 19____, to _____, 19____; that I last saw the deceased alive on _____, 19____, and that death occurred at <u>3:30 A.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>J. M. Humphrey</u> (Degree or title) <u>Coroner</u>		23b. ADDRESS <u>Louisville, Mo.</u>	
23c. DATE SIGNED <u>1-20-52</u>		23d. LOCATION (City, town, or county) (State) <u>Rocky Comfort, Missouri</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Jan. 24-52</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Rocky Comfort</u>		24d. LOCATION (City, town, or county) (State) <u>Rocky Comfort, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>Jan. 24, 1952</u>		REGISTRAR'S SIGNATURE <u>O. E. Plumlee</u> 1781	
25. FUNERAL DIRECTOR'S SIGNATURE <u>McQueen Funeral Home</u>		ADDRESS <u>Wheaton, Mo.</u>	

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 _____

working under my personal supervision.

Student Embalmer No.

Signed

Paul D. Heubert

Signed.....
Student Embalmer

Licensed Embalmer No. *4576*

P. O. Address *Cassville, 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.