

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

28256

State File No. ....

FILED AUG 15 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 3471

1. PLACE OF DEATH a. COUNTY <u>Jackson</u> <u>13</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u> <u>3918</u>	
c. LENGTH OF STAY (In this place) <u>20 YEARS</u>		d. STREET ADDRESS (If rural, give location) <u>108 East 72<sup>nd</sup> Street</u> <u>0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Post Office Station 317 Grand Avenue</u>			

3. NAME OF DECEASED (Type or Print) a. (First) BENJAMIN b. (Middle) LAYTON c. (Last) RICHEY 4. DATE OF DEATH (Month) (Day) (Year) July 30, 1952

5. SEX Male 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 8. DATE OF BIRTH April-12-1897 9. AGE (In years last birthday) 55 UNDER 1 YEAR: Months \_\_\_\_\_ Days \_\_\_\_\_ 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Clerk 10b. KIND OF BUSINESS OR INDUSTRY Post Office 11. BIRTHPLACE (City and State or Foreign Country) LEAD HILL ARKANSAS 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME LONZO R. RICHEY 13b. MOTHER'S MAIDEN NAME ALICE DE SNEILD 14. NAME OF HUSBAND OR WIFE Constance M. RICHEY

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) YES (If yes, give war or dates of service) WORLD WAR I 16. SOCIAL SECURITY NO. NONE 17. INFORMANT'S SIGNATURE OR NAME MRS. CONSTANCE M. RICHEY ADDRESS 108 E. 72<sup>ND</sup> ST. KANSAS CITY, MO

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) Stroke & Hemorrhage resulting from crushing injuries

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) from crushing injuries DUE TO (c) chest

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

INTERVAL BETWEEN ONSET AND DEATH 29 1/2 11

19a. DATE OF OPERATION \_\_\_\_\_ 19b. MAJOR FINDINGS OF OPERATION 123 20. AUTOPSY? YES  NO

21a. ACCIDENT (Specify) Accident 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 15<sup>th</sup> Street 21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) Kansas City Jackson MO

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 7-30-52 3 1/2 21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK  21f. HOW DID INJURY OCCUR? crushed by elevator

22. I hereby certify that I attended the deceased from 2, 1952, to 30, 1952, that I last saw the deceased alive on 19, 1952, and that death occurred at 1:45 P.M. from the causes and on the date stated above.

23a. SIGNATURE Geo. C. Keckhofer (Degree or title) 23b. ADDRESS 4050 Broadway, Kansas City, Mo 23c. DATE SIGNED 7-31-52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE Aug. 2, 1952 24c. NAME OF CEMETERY OR CREMATORY Mt. Moriah Cemetery 24d. LOCATION (City, town, or county) (State) Kansas City, Missouri

DATE REC'D BY LOCAL REG. 8-2-52 REGISTRAR'S SIGNATURE Sheraldine Holmes 25. FUNERAL DIRECTOR'S SIGNATURE D. H. Newcomer, Sons ADDRESS 1212 Shawnee Pl. Kansas City, Mo

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

**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. 470

working under my personal supervision.

Student Charles W. Berman  
Student Embalmer

Signed Charles H. Stickney

Licensed Embalmer No. 4560

P. O. Address KP, 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.