0.300
0.48

FILED DEC 22 1952

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 44392

BIRTH NO. _____ REG. DIST. NO. 378 PRIMARY REG. DIST. NO. 6285 Registrar's No. 73

1. PLACE OF DEATH
a. COUNTY: WRight
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural MtN Grove Twp
c. LENGTH OF STAY (In this place): 35 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: WRight
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural MtN. Grove Twp
d. STREET ADDRESS (If rural, give location): 3 Miles South of MtN Grove MO

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

4. DATE OF DEATH (Month) (Day) (Year): 12 - 5 - 1952

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed V
8. DATE OF BIRTH: Jan 4 1868
9. AGE (In years last birthday): 84 — If under 1 year: Months 11 Days 1 — If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Wife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (~~City and State or Foreign Country~~): Kansas
12. CITIZEN OF WHAT COUNTRY?: U.S.

13a. FATHER'S NAME: James Trent
13b. MOTHER'S MAIDEN NAME: Unknown
14. NAME OF HUSBAND OR WIFE: Andrew Richey

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: No
17. INFORMANT'S SIGNATURE OR NAME / ADDRESS: Mrs Leonard Ault MtN Grove 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Myocarditis, Chronic — INTERVAL BETWEEN ONSET AND DEATH: Not Known

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Arteriosclerotic heart disease
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: 4200
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?

22. *I hereby certify that I attended the deceased from* Jan, 1952, *to* Dec 5, 1952, *that I last saw the deceased alive on* Dec 2, 1952, *and that death occurred at* 12:00 NOON *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): S W Connor M.D.
23b. ADDRESS: Mountain Grove MO
23c. DATE SIGNED: 12-10-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial U
24b. DATE: 12-7-1952
24c. NAME OF CEMETERY OR CREMATORY: Lone Star
24d. LOCATION (City, town, or county) (State): WRight County MO

DATE REC'D BY LOCAL REG.: 12-13-52
REGISTRAR'S SIGNATURE: A. C. Ames 34?
25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS: Gene E Haldren Hartville MO

(Licensed Embalmer's Statement on Reverse Side)

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

DEC 16 1952
WRIGHT CO. HEALTH DEPT.
County File Number 12271-142
Date Filed 12-22-52

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 Glen A. Williams

Licensed Embalmer No. 4651

P. O. Address Hartville Ohio

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.