

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

BIRTH NO. _____ **REG. DIST. NO.** 72 **PRIMARY REG. DIST. NO.** 5289 **Registrar's No.** 2

1. PLACE OF DEATH
a. COUNTY CLAY
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN BARRY GABBATIN c. LENGTH OF STAY (In this place) 25 YRS
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN BARRY 6000
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) BARRY RD GASHLAND d. STREET ADDRESS (If rural, give location) 1001 W. Gashland

3. NAME OF DECEASED
a. (First) GROSVENOR b. (Middle) ALLEN c. (Last) RICHARDS
4. DATE OF DEATH (Month) (Day) (Year) JAN 4 53

5. SEX M **6. COLOR OR RACE** W **7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify) MARRIED 1 **8. DATE OF BIRTH** APRIL 9, 1885 **9. AGE** (In years last birthday) 67 8 86 **10. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired) FULLMAN CO **10b. KIND OF BUSINESS OR INDUSTRY** RAILROAD **11. BIRTHPLACE** (State or foreign country) BARHARBOR, ME. **12. CITIZEN OF WHAT COUNTRY?** _____

13a. FATHER'S NAME FRANK RICHARDS **13b. MOTHER'S MAIDEN NAME** BETTY DYER **14. NAME OF HUSBAND OR WIFE** ESTHER RICHARDS

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** 708-18-8763 **17. INFORMANT'S SIGNATURE OR NAME** MRS. ESTHER RICHARDS - BARRY **ADDRESS** _____

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, asphyxia, etc. It means the disease, injury, or complication which caused death.
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) bronchogenic carcinoma **INTERVAL BETWEEN ONSET AND DEATH** 5 mo
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** 162x **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) _____ **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 Nov., 1952, to Jan. 4, 1952, that I last saw the deceased alive on Jan 4, 1952, and that death occurred at 10:30 A.M., from the causes and on the date stated above.

23a. SIGNATURE Walter L. Washburn M.D. (Degree or title) **23b. ADDRESS** Gashland, Mo. **23c. DATE SIGNED** 1/6/53

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL **24b. DATE** 1-6-52 **24c. NAME OF CEMETERY OR CREMATORY** BARRY **24d. LOCATION** (City, town, or county) (State) BARRY, MO

DATE REC'D BY LOCAL REG. Jan 6 - 53 **REGISTRAR'S SIGNATURE** Beulah Kitchen 63 **25. FUNERAL DIRECTOR'S SIGNATURE** Newcomer's North Kansas City **ADDRESS** _____

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

000
1

FILED JAN 10 1953

FEB 17 1953
MAR 20 1953

JAN 26 1953

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.

Signed.....
Student Embalmer

Signed *Blair T. Hill*
Student Embalmer No.....

Licensed Embalmer No. *4586*

P. O. Address *Kansas City 16.*

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.