

FILED FEB 4 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

2041

BIRTH NO. 2883 REG. DIST. NO. 174 PRIMARY REG. DIST. NO. 3035 Registrar's No. 9

542
0

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

1. PLACE OF DEATH a. COUNTY <u>LAFAYETTE</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>LAFAYETTE</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>LEXINGTON</u>		c. LENGTH OF STAY (In this place) <u>2 HR.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <u>Levinston Memorial Hospital</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL</u> <u>0541</u>	
3. NAME OF DECEASED a. (First) <u>BILLY</u> b. (Middle) c. (Last) <u>RICHEY</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>January 23 53</u>	
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>NEVER</u>	8. DATE OF BIRTH <u>1-23-53</u>
9. AGE (In years last birthday) <u>0</u>	IF UNDER 1 YEAR Months <u>0</u>	IF UNDER 24 HRS. Days <u>0</u>	Hours <u>0</u> Min. <u>30</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>NONE</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>NONE</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>LEXINGTON, MISSOURI</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>ALFRED J. RICHEY, JR.</u>	13b. MOTHER'S MAIDEN NAME <u>BETTY GENE HEIPLE</u>	14. NAME OF HUSBAND OR WIFE <u>##### NONE</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>	16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>ALFRED J. RICHEY JR. HIGGINSVILLE</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>Aspirated amniotic fluid</u> INTERVAL BETWEEN ONSET AND DEATH <u>30 min</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) <u>1</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Prematurity about 1 mo.</u>	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>7615</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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) (Min.)	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 <u>Jan 23, 1953</u> to <u>Jan 23, 1953</u> that I last saw the deceased alive on <u>Jan 23, 1953</u> , and that death occurred at <u>9:30 a.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Walter E. Fulkeron M.D.</u>		23b. ADDRESS <u>Higginville Mo.</u>	23c. DATE SIGNED <u>1-24-53</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>1-24-53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>CITY</u>	24d. LOCATION (City, town, or county) (State) <u>HIGGINSVILLE, MO.</u>
DATE REC'D BY LOCAL REG. <u>1-29-53</u>	REGISTRAR'S SIGNATURE <u>Walter E. Fulkeron</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>HIGGINSVILLE, 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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Forrest A. Hoyle

Licensed Embalmer No. 4358

P. O. Address HIGGINSVILLE, 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.