

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **6701**

FILED MAR 4 - 1953

BIRTH NO. _____ REG. DIST. NO. 172 PRIMARY REG. DIST. NO. 5640 Registrar's No. 1953

0540

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

1. PLACE OF DEATH a. COUNTY LAFAYETTE		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY LAFAYETTE	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN HIGGINSVILLE (RURAL) DAVIS		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN HIGGINSVILLE (RURAL) DAVIS	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) 4 MI. S. W. OF HIGGINSVILLE	
3. NAME OF DECEASED (Type or Print) a. (First) BETTY		b. (Middle) HEIPLE	
c. (Last) RICHEY		4. DATE OF DEATH (Month) (Day) (Year) 2 24 53	
5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH DEC. 21, 1929
9. AGE (In years last birthday) 23		10. MONTHS 2	11. DAYS 3
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY HOME	
11. BIRTHPLACE (City and State or Foreign Country) HIGGINSVILLE, MISSOURI		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME HARRY HEIPLE		13b. MOTHER'S MAIDEN NAME BERTHA ANN PITZER	
14. NAME OF HUSBAND OR WIFE ALFRED J. RICHEY JR.		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.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS ALFRED J. RICHEY JR. HIGGINSVILLE	
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) <u><i>Lymphosarcoma</i></u> INTERVAL BETWEEN ONSET AND DEATH <u><i>6 months</i></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><i>2001</i></u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u><i>cyanosis + Dehydration</i></u> INTERVAL BETWEEN ONSET AND DEATH <u><i>6 weeks</i></u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) <u><i>Higginsville Lafayette Mo.</i></u>	
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><i>Jan. 1, 1953</i></u> , to <u><i>Feb. 24, 1953</i></u> , that I last saw the deceased alive on <u><i>Feb. 24, 1953</i></u> , and that death occurred at _____ m., from the causes and on the date stated above.	
23a. SIGNATURE (Degree or title) <u><i>Helburn E. Fulperson M.D.</i></u>		23b. ADDRESS <u><i>Higginsville Mo.</i></u>	
23c. DATE SIGNED <u><i>Feb. 25 1953</i></u>		24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	
24b. DATE 2-26-53		24c. NAME OF CEMETERY OR CREMATORY CITY	
24d. LOCATION (City, town, or county) (State) HIGGINSVILLE MO.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u><i>Clayton H. Landrum</i></u> <u><i>154-0</i></u> <u><i>Forest St. H. H. Foster</i></u> HIGGINSVILLE, MO.	

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. Hofer

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.