

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

10539

State File No.

FILED MAR 21 1953

BIRTH NO. _____ REG. DIST. NO. 195 PRIMARY REG. DIST. NO. 4309 Registrar's No. 26

1. PLACE OF DEATH a. COUNTY <u>MACDONALD</u>		2. USUAL RESIDENCE (Where deceased lived. If Institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>McDONALD</u>	
b. CITY OR TOWN <u>SOUTHWEST CITY</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>SOUTHWEST CITY</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>NONE</u>		d. STREET ADDRESS (If rural, give location) <u>0600</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>ALBERT</u> b. (Middle) <u>ABE</u> c. (Last) <u>RICHTER</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>3-1-1953</u>		
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>NA</u>	8. DATE OF BIRTH <u>2-7-1897</u>	9. AGE (In years last birthday) <u>56</u>	IF UNDER 1 YEAR Months <u>0</u> Days <u>24</u>
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>FARMER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>SAME</u>		11. BIRTHPLACE (State or foreign country) <u>FALLIS-OKLA</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>					

13a. FATHER'S NAME <u>H. W. RICHTER</u>		13b. MOTHER'S MAIDEN NAME <u>EMMA J. GUNDY</u>		14. NAME OF HUSBAND OR WIFE <u>JEWELL RICHTER</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>YES</u> (If yes, give war or dates of service) <u>WAR-1-1</u>		16. SOCIAL SECURITY NO. <u>491-12-0294</u>		17. INFORMANT'S SIGNATURE OR NAME <u>JEWEL RICHTER</u> ADDRESS <u>S. W. CITY-MO</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, asthenia; etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>brushed chest</u>		INTERVAL BETWEEN ONSET AND DEATH <u>SUDDEN</u>
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Internal Injuries</u>		
	DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>E9361</u> <u>3</u>		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>On farm</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Southwest City - McDonald Mo</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>3-1-53 2:00 p.m.</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR <u>brushed by car falling off of ped.</u>

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 3:00 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>H. M. Humphrey Jr. Coroner</u>		23b. ADDRESS <u>Mo. Mo.</u>		23c. DATE SIGNED <u>3-2-53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>3-4-1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>SOUTHWEST CITY</u>	
24d. LOCATION (City, town, or county) (State) <u>SOUTHWEST CITY-MO</u>		25. GENERAL DIRECTOR'S SIGNATURE <u>H. M. Humphrey</u> ADDRESS <u>Renewell Mo</u>			
DATE REC'D BY LOCAL REG. <u>3-2-53</u>		REGISTRAR'S SIGNATURE <u>423</u>			

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

600
1

MAR 2 1954

JUN 3 1954

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 *H. M. Humphrey Jr.*

Licensed Embalmer No. 4708

P. O. Address Rock 7120

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.