

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

10606

Sample No. \_\_\_\_\_

44  
1

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

**1. PLACE OF DEATH**  
a. COUNTY Marion

**2. USUAL RESIDENCE** (Where deceased lived, if institutional residence before admission)  
a. STATE Missouri COUNTY Marion

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Hannibal, Mo. c. LENGTH OF STAY (In this place)

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Hannibal, Missouri 0644

d. FULL NAME OF HOSPITAL OR INSTITUTION 1705 Patchen St. d. STREET ADDRESS (If rural, give location) 1705 Patchen St.

**3. NAME OF DECEASED** a. (First) Minerva b. (Middle) Elizabeth c. (Last) Richards

**4. DATE OF DEATH** (Month) (Day) (Year) March 22, 1953

**5. SEX** Female **6. COLOR OR RACE** White **7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)** Widowed **8. DATE OF BIRTH** Sept. 10, 1864 **9. AGE** (In years last birthday) 88 **10. MONTHS** 6 **11. DAYS** 14 **12. CITIZEN OF WHAT COUNTRY?** U.S.A.

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired) Housework **10b. KIND OF BUSINESS OR INDUSTRY** Home **11. BIRTHPLACE** (City and State or Foreign Country) Ralls County, Missouri **12. CITIZEN OF WHAT COUNTRY?** U.S.A.

**13a. FATHER'S NAME** Jacob Krigbaum **13b. MOTHER'S MAIDEN NAME** Mary Goodnight **14. NAME OF HUSBAND OR WIFE** John K. Richards

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

**MEDICAL CERTIFICATION**

**I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\*** (a) Bronchogenic Carcinoma with Arterial Metastases

**ANTECEDENT CAUSES**  
Morbid 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** \_\_\_\_\_ **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)** Hannibal, Missouri

**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** Jan 1953, to 22 March, 1953, that I last saw the deceased alive on 21 March, 1953, and that death occurred at 3:30 P.M., from the causes and on the date stated above.

**23. SIGNATURE** (Degree or title) [Signature] M.D. **23b. ADDRESS** Hannibal, Missouri **23c. DATE SIGNED** \_\_\_\_\_

**24a. BURIAL, CREMATION, REMOVAL (Specify)** Burial **24b. DATE** 3-25-53 **24c. NAME OF CEMETERY OR CREMATORY** Mt. Olive Cemetery **24d. LOCATION (City, town, or county) (State)** Hannibal, Missouri

**DATE REC'D BY LOCAL REG.** 3-27-53 **REGISTRAR'S SIGNATURE** [Signature] **25. FUNERAL DIRECTOR'S SIGNATURE** [Signature] **ADDRESS** Perry, Mo.

189 - C

RECEIVED MAR 31 1953  
MARION CO. HEALTH DEPT.  
DATE FILED MAR 31 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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed Clyde Wilkey

Licensed Embalmer No. 3820

P. O. Address Pennington

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.