

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **13178**

FILED MAY 5 1953 REG. DIST. NO. 6 PRIMARY REG. DIST. NO. 300 Registrar's No. 14

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

1. PLACE OF DEATH a. COUNTY <u>Audrain</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE <u>Missouri</u> b. COUNTY <u>Audrain</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Vandalia</u>		c. LENGTH OF STAY (In this place) <u>224-5</u>	
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Vandalia</u>		d. STREET ADDRESS (If rural, give location) <u>406 West Park</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>406 West Park</u>		e. STREET ADDRESS (If rural, give location) <u>406 West Park</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Charles</u> b. (Middle) <u>Thomas</u> c. (Last) <u>Righter</u>			4. DATE OF DEATH (Month) <u>May</u> (Day) <u>1</u> (Year) <u>1953</u>	
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>May 7, 1873</u>	9. AGE (In years last birthday) <u>79</u>	10. IF UNDER 1 YEAR <u>11</u> Months <u>29</u> Days	11. IF UNDER 24 HRS. <u>0</u> Hours <u>0</u> Mins.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Chiropractor</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Medical</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Cynthiana, Kentucky</u>	12. CITIZEN OF WHAT COUNTRY? <u>US</u>
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13a. FATHER'S NAME <u>Henry J. Righter</u>	13b. MOTHER'S MAIDEN NAME <u>Mary McNiece</u>	14. NAME OF HUSBAND OR WIFE <u>Carola Righter</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Carola Righter, Vandalia, Mo.</u>	ADDRESS <u>Mo.</u>
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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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Toxemia</u>		<u>4 1/2 hrs</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cirrhosis of liver</u>		<u>4 yrs</u>
DUE TO (c) <u>Nephritis</u>		<u>4 yrs</u>	
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 <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from Jan 21, 1953, to May 1, 1953, that I last saw the deceased alive on May 1, 1953, and that death occurred at 1:30 P.M., from the causes and on the date stated above.

22a. SIGNATURE <u>E. W. Lindsey</u> (Degree or title) <u>D.O.</u>	22b. ADDRESS <u>Vandalia, Missouri</u>	22c. DATE SIGNED <u>5-2-53</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>May 3, 1953</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Vandalia Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Vandalia, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>May 3 1953</u>	REGISTRAR'S SIGNATURE <u>Walter Fugate</u>	5. FUNERAL DIRECTOR'S SIGNATURE <u>William B. Waters</u>	ADDRESS <u>Vandalia, Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

MAY 21 1959

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 William B. Matus

Licensed Embalmer No. 4169

P. O. Address Vandalia 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.