

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 27628

FILED SEP 9 - 1953 BIRTH NO. REG. DIST. NO. 10 PRIMARY REG. DIST. NO. 3002 Registrar's No. 141

1. PLACE OF DEATH a. COUNTY <b>Audrain</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Audrain</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Mexico</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Mexico</b>	
c. LENGTH OF STAY (in this place) <b>1 Day</b>		d. STREET ADDRESS (If rural, give location) <b>523 S. Clark</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Audrain Co. Hospital</b>		0043 0	
3. NAME OF DECEASED (Type or Print) a. (First) <b>Ira</b> b. (Middle) <b>M.</b> c. (Last) <b>Richards</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Sept 4, 1953</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Sept. 4 1973</b>
9. AGE (In years last birthday) <b>79</b>		IF UNDER 1 YEAR Months	IF UNDER 1 HR. Hours
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>RR. Agent, Retired</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Railroads</b>	11. BIRTHPLACE (State or foreign country) <b>Macomb, Illinois</b>
13a. FATHER'S NAME <b>James Richards</b>		13b. MOTHER'S MAIDEN NAME <b>Martha Ann (Unknown)</b>	14. NAME OF HUSBAND OR WIFE <b>Mrs. I. M. Richards</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>No</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. I. M. Richards, Mexico, Mo</b>
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Carcinoma, bronchiogenic</b> INTERVAL BETWEEN ONSET AND DEATH <b>unknown</b> 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 <input type="checkbox"/> NO <input checked="" type="checkbox"/>		162X	
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 <b>Sept 3, 1953</b> , to <b>Sept 4, 1953</b> , that I last saw the deceased alive on <b>Sept 4, 1953</b> , and that death occurred at <b>11:50 p.m.</b> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <b>Ernest S. Gantt MD</b>		23b. ADDRESS <b>Mexico, Missouri</b>	
23c. DATE SIGNED <b>9-6-53</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial.</b>		24b. DATE <b>9/6/53</b>	
24c. NAME OF CEMETERY OR CREMATORY <b>E. Lawn Memorial Park</b>		24d. LOCATION (City, town, or county) (State) <b>Mexico, Missouri</b>	
DATE REC'D BY LOCAL REG. <b>Sept 6 1953</b>		REGISTRAR'S SIGNATURE <b>Blanche Neely</b>	
25. FUNERAL DIRECTOR'S SIGNATURE <b>Chas Arnold</b>		ADDRESS <b>Mexico, Mo</b>	

(Licensed Embalmer's Statement on Reverse Side)

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

SEP 16 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 Richard Y. McDonald

Licensed Embalmer No. 4825

P. O. Address Mexico 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.