FILED SEP 30 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 32768

BIRTH NO. _____ REG. DIST. NO. 311 PRIMARY REG. DIST. NO. 4456 Registrar's No. 39

1. PLACE OF DEATH
a. COUNTY St Clair
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Appleton City
c. LENGTH OF STAY (in this place) 9 yr
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) None

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Mo
b. COUNTY St Clair
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Appleton City, Mo.
d. STREET ADDRESS (If rural, give location) 0930 0

3. NAME OF DECEASED (Type or Print)
a. (First) Robert
b. (Middle) Winston
c. (Last) Richards

4. DATE OF DEATH (Month) Sept. (Day) 20 (Year) 53

5. SEX M
6. COLOR OR RACE W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married
8. DATE OF BIRTH Jan 19. 1915
9. AGE (In years last birthday) 38 — If under 1 year: Months 8, Days 1 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Appleton City Mo.
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Jess Richards
13b. MOTHER'S MAIDEN NAME Leona Angels
14. NAME OF HUSBAND OR WIFE None

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes (If yes, give war or dates of service) W.W. 2
16. SOCIAL SECURITY NO. None
17. INFORMANT'S SIGNATURE OR NAME Jess Richards ADDRESS Appleton City 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH

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 4201
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)
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* (with) 17 Sept, 1953, *to* 20 Sept, 1953, *that I last saw the deceased alive on* 17 Sept, 1953, *and that death occurred at* 4 00 *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) Wm Ellett MD
23b. ADDRESS Appleton City
23c. DATE SIGNED 21 Sept 53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 9-23-53
24c. NAME OF CEMETERY OR CREMATORY Appleton City
24d. LOCATION (City, town, or county) (State) Appleton City, Mo.

DATE REC'D BY LOCAL REG. Sept. 22. 1953
REGISTRAR'S SIGNATURE Chas Abney 285
25. FUNERAL DIRECTOR'S SIGNATURE Oscar Eckhoff ADDRESS Appleton City Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

OCT 5

OCT 8 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.

Signed Oscar Eckhoff

Signed _____
Student Embalmer

Licensed Embalmer No. 3942

P. O. Address Appleton City

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.