

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **3851**
Registrar's No. **57**

BIRTH NO. **FILLED MAR 10 1954** REG. DIST. NO. **1** PRIMARY REG. DIST. NO. **3000**

1. PLACE OF DEATH a. COUNTY Adair		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Adair	
b. CITY OR TOWN Kirksville		c. CITY OR TOWN Kirksville	
c. LENGTH OF STAY (in this place) 1 day		d. STREET ADDRESS (If rural, give location) Rt. 4	
d. FULL NAME OF HOSPITAL OR INSTITUTION Grim-Smith Memorial Hospital			

3. NAME OF DECEASED (Type or Print)	a. (First) Alfred	b. (Middle) Andrew	c. (Last) Richey	4. DATE OF DEATH (Month) (Day) (Year)
				March 4 1954

5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH May 10, 1888	9. AGE (In years last birthday) 65	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	IF UNDER 12 HRS. Hour	IF UNDER 1 HRS. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	10b. KIND OF BUSINESS OR INDUSTRY Agriculture	11. BIRTHPLACE (State or foreign country) Adair County, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME K. D. Richey	13b. MOTHER'S MAIDEN NAME Nancy Williams	14. NAME OF HUSBAND OR WIFE Never Married
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME RAY HANTZ, RT 4 KIRKSVILLE Mo	ADDRESS
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 24 hrs
	I. DISEASE OR CONDITION 'DIRECTLY LEADING TO DEATH' (a) Cerebral hemorrhage		
	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. Exposure (cold)		24 hrs	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 331 XF	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 **3-3, 1954**, to **3-4, 1954**, that I last saw the deceased alive on **3-3, 1954**, and that death occurred at **3:40 Am.**, from the causes and on the date stated above.

23a. SIGNATURE [Signature]	23b. ADDRESS Kirkville, Mo	23c. DATE SIGNED 3-4-54
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 3-5-54	24c. NAME OF CEMETERY OR CREMATORY Sturkey	24d. LOCATION (City, town, or county) (State) Adair Co. Mo.
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DATE REC'D BY LOCAL REG. 3-8-54	REGISTRAR'S SIGNATURE Kate Lambert	25. FUNERAL DIRECTOR'S SIGNATURE David Nagel	ADDRESS Kirkville Mo
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

MAR 18 1966

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..... *Robert B. Davis*

Signed.....
Student Embalmer

Licensed Embalmer No. *4219*

P. O. Address, *Kirkville, 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.