

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4383

State File No.

BIRTH DECEASED MAR 9 1954 REG. DIST. NO. 82 PRIMARY REG. DIST. NO. 3017 Registrar's No. 21

1. PLACE OF DEATH a. COUNTY <u>Cooper</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Cooper</u>	
b. CITY OR TOWN <u>Boonville</u>	c. LENGTH OF STAY (in this place) <u>2 month</u>	c. CITY OR TOWN <u>Pilot Grove</u>	4. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Haas Convalescent Home</u>		e. STREET ADDRESS (If rural, give location) <u>67th</u>	

3. NAME OF DECEASED (First) <u>JOHN WILLIAM</u> (Middle) <u>RICHEY</u> (Last) <u>RICHEY</u>			4. DATE OF DEATH (Month) <u>Feb</u> (Day) <u>28</u> (Year) <u>1954</u>		
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>Sept 27, 1867</u>	9. AGE (In years last birthday) <u>86</u>	IF UNDER 1 YEAR: Months <u>0</u> Days <u>0</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Retired</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>unknown</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>John Richey</u>	13b. MOTHER'S MAIDEN NAME <u>Rebecca (unknown)</u>	14. NAME OF HUSBAND OR WIFE <u>Mrs. Edwarda Richey</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. <u>---</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Bertha Sage</u> ADDRESS <u>Pilot Grove, Mo</u>

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 <u>15</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arterio-sclerotic heart disease</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arterio-sclerosis</u> DUE TO (c) <u>Senility</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 <u>4-200</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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 Feb 1, 1954 to Feb 28, 1954, that I last saw the deceased alive on Feb 27, 1954, and that death occurred at 9:10 AM, from the causes and on the date stated above.

23a. SIGNATURE <u>D. L. Deane</u> (Degree or title) <u>M.D.</u>	23b. ADDRESS <u>Boonville Mo</u>	23c. DATE SIGNED <u>3/1/54</u>
---	----------------------------------	--------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Mar. 2, 1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Pilot Grove Ceme</u>	24d. LOCATION (City, town, or county) (State) <u>Pilot Grove, Mo</u>
---	-------------------------------	--	--

DATE REC'D BY LOCAL REG. <u>3/1/54</u>	REGISTRAR'S SIGNATURE <u>D. L. Deane</u> 381-0	25. FUNERAL DIRECTOR'S SIGNATURE <u>Haas-Caenter</u> ADDRESS <u>Pilot Grove, Mo</u>
--	--	---

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

MAY 10 1955

FEB 18 1958

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~~.....

~~working under my personal supervision.~~

Student.....
Signature of Student Embalmer

Signed.....
Lepton E. [Signature]

Licensed Embalmer No. 507

P. O. Address Pilot [Signature]

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.