

FILED MAY 14 1954

STANDARD CERTIFICATE OF DEATH

State File No. 12661

BIRTH NO. _____ REG. DIST. NO. 200 PRIMARY REG. DIST. NO. 4311 Registrar's No. 228

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

1. PLACE OF DEATH a. COUNTY <u>Macon</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Macon</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Callao</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Callao</u>	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) <u>0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>James</u>	b. (Middle)	c. (Last) <u>Rich</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>4-26-54</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>1-13-81</u>	9. AGE (In years last birthday) <u>73</u>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 YEAR Hours	IF UNDER 1 YEAR Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, when retired) <u>Retired RR laborer</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Carroll Ark</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>William Rich</u>	13b. MOTHER'S MAIDEN NAME <u>Martha Binney</u>	14. NAME OF HUSBAND OR WIFE <u>Elyabeth Rich</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. <u>185-5</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Elyabeth Rich</u>	ADDRESS <u>Callao 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>Coronary Artery Thrombosis</u>		<u>1 hr.</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary artery disease</u>		<u>6 mos.</u>
DUE TO (c) <u>Arteriosclerosis</u>		<u>Unknown</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)	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 10/5/53, 1953, to 4/26, 1954, that I last saw the deceased alive on 4/26, 1954, and that death occurred at 5:45A m., from the causes and on the date stated above.

23a. SIGNATURE <u>A. L. Weir</u> (Degree or title)	23b. ADDRESS <u>Macon, Missouri</u>	23c. DATE SIGNED <u>5/6/54</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>4-30-54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Melrose Chapel Cmn</u>	24d. LOCATION (City, town, or county) (State) <u>Brewer Mo</u>
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DATE REC'D BY LOCAL REG. <u>4/27/54</u>	REGISTRAR'S SIGNATURE <u>Ruth McVeeley</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>W. E. Edwards</u>	ADDRESS <u>Brewer Mo</u>
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(Licensed Embalmer's Statement on Reverse Side)

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RECEIVED 5.10.54
MACON COUNTY HEALTH DEPARTMENT
County File No. 5.54.74
Date Filed 5.19.54

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 *H. Edward*

Licensed Embalmer No. 1961

P. O. Address *Brewer Ma*

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.