

FILED JUN 28 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

18664

BIRTH NO.

REG. DIST. NO.

128

PRIMARY REG. DIST. NO.

5465

Registrar's No.

584

| | | | |
|---|-------------------------------|---|---|
| 1. PLACE OF DEATH a. COUNTY Greene | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Greene | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural 1st Campbell | | c. CITY OR TOWN Rural 1st Campbell | d. Is residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Strafford RFD#2 | | e. STREET ADDRESS (If rural, give location) Strafford RFD#2 0390 | |
| 3. NAME OF DECEASED (Type or Print) a. (First) WILLIAM b. (Middle) FREDRICK c. (Last) RICHTERS | | 4. DATE OF DEATH (Month) (Day) (Year) June 19, 1954 | |
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | 8. DATE OF BIRTH 18 Nov. 1900 |
| 9. AGE (In years last birthday) 53 | | 10. UNDER 1 YEAR Months | 11. UNDER 1 HR. Hours |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer | | 10b. KIND OF BUSINESS OR INDUSTRY Farming | 11. BIRTHPLACE (City and State or Foreign Country) Missouri |
| 12. CITIZEN OF WHAT COUNTRY? USA | | 13a. FATHER'S NAME W.F. Richters | |
| 13b. MOTHER'S MAIDEN NAME Mary Baum | | 14. NAME OF HUSBAND OR WIFE Mary B. Richters | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No | | 16. SOCIAL SECURITY NO. No | |
| 17. INFORMANT'S SIGNATURE OR NAME Mary B. Richters | | ADDRESS RFD#2 Strafford, 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, asthma, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial infarction ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary thrombosis 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 <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) | | 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 Jan , 1954, to June , 1954, that I last saw the deceased alive on May , 1954, and that death occurred at 8:00A m., from the causes and on the date stated above. | | | |
| 23a. SIGNATURE (Degree or title) D. Dean Cunningham, M.D. | | 23b. ADDRESS 1715 Boonville Springfield, Mo | |
| 23c. DATE SIGNED 6-18-54 | | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 24b. DATE 6-22-54 | |
| 24c. NAME OF CEMETERY OR CREMATORY Greenlawn Cemetery | | 24d. LOCATION (City, town, or county) (State) Springfield, Missouri | |
| DATE REC'D BY LOCAL REG. 6-21-54 | | REGISTRAR'S SIGNATURE Edith Williams | |
| FUNERAL DIRECTOR'S SIGNATURE St. Hughes & Co. | | ADDRESS Springfield, Mo. | |

(Licensed Embalmers' Statement on Reverse Side)

212

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

No. 300
10-48

DEC 7 1954

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 Signature of Student Embalmer

Signed *Max Hoover* Licensed Embalmer No. *46*

P. O. Address *Spring*

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.