

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

23846

State File No.

No. 300
10.48

FILED JUL 21 1954

BIRTH NO. _____ REG. DIST. NO. 250 PRIMARY REG. DIST. NO. 5850 Registrar's No. 8

1. PLACE OF DEATH a. COUNTY <u>Mo. Nodaway</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Nodaway</u>	
b. CITY OR TOWN <u>Stanberry Rural Washington</u>		c. CITY OR TOWN <u>Rural Washington Nodaway Co.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION.		d. STREET ADDRESS (If rural, give location) <u>S. W. Of Stanberry 8 Miles</u>	

3. NAME OF DECEASED (Type or Print) <u>Mr. William Henry Richards</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>July 11 1954</u>	
a. (First)	b. (Middle)	c. (Last)		

5. SEX <u>Male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widower</u>	8. DATE OF BIRTH <u>Jan 23 1884</u>	9. AGE (In years last birthday) <u>70</u>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	IF UNDER 24 HRS. Hours	IF UNDER 24 HRS. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>farm</u>	11. BIRTHPLACE (State or foreign country) <u>Edgar Co. Illinois</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>
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13a. FATHER'S NAME <u>George Richards</u>	13b. MOTHER'S MAIDEN NAME <u>Maru Clark</u>	14. NAME OF HUSBAND OR WIFE
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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) <u>no</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. John Cleaves Stanberry</u>	ADDRESS <u>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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Encephalopathy</u>		INTERVAL BETWEEN ONSET AND DEATH <u>Months</u> <u>years</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u>		
	DUE TO (c) <u>Unknown.</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Anemia probably due to Gastrointestinal Hemorrhages</u>		<u>2 Months +</u>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>332 X</u>	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) m.	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 Feb 17, 1954, to July 11, 1954, that I last saw the deceased alive on July 7, 1954, and that death occurred at 5:30 pm from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Albert L. Carlin M.D.</u>	23b. ADDRESS <u>Stanberry, Mo</u>	23c. DATE SIGNED <u>7-12-54</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	24b. DATE <u>7/14/54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Lafayette</u>	24d. LOCATION (City, town, or county) (State) <u>Nodaway Co. Mo.</u>
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DATE REC'D BY LOCAL REG. <u>July 15, 54</u>	REGISTRAR'S SIGNATURE <u>Mrs. Robert Greenhaw</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Leroy H. Shelton</u>	ADDRESS <u>Stanberry Mo</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

0740

D. Parker

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. *1*

~~working under my personal supervision.~~

Student
Student Embalmer

Signed

Robert H. Shelley

Licensed Embalmer No.

1898

P. O. Address

Shelby, 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.