

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

672

State File No.

FILED JAN 19 1955

BIRTH NO. _____ REG. DIST. NO. 86 PRIMARY REG. DIST. NO. 5328 Registrar's No. 1-1955

1. PLACE OF DEATH a. COUNTY <u>Crawford</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Crawford</u>	
b. CITY OR TOWN <u>Bourbon Rural Liberty life</u>		c. CITY OR TOWN <u>Bourbon</u>	
c. LENGTH OF STAY (in this place)		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 <u>AT Home</u>			
e. STREET ADDRESS (If rural, give location) <u>6 miles South of Bourbon</u> <u>0280</u>			

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) <u>BENJAMIN</u>	b. (Middle) <u>FRANKLIN</u>	c. (Last) <u>Richards</u>	(Month) <u>Jan.</u>	(Day) <u>8</u>	(Year) <u>1955</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>Mar. 24 1905</u>	9. AGE (In years last birthday) <u>49</u>	IF UNDER 1 YEAR: Months <u>9</u> Days <u>14</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>Farming</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Bourbon Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>John Richards</u>	13b. MOTHER'S MAIDEN NAME <u>ANNA McClain</u>	14. NAME OF HUSBAND OR WIFE <u>Marie Simmerly</u>
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>499-03-2123</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Marie Richards</u> ADDRESS <u>Bourbon, 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, asphemia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CORONARY OCCLUSION, ACUTE</u>		INTERVAL BETWEEN ONSET AND DEATH <u>4 1/2 HOURS</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>CORONARY ATHEROSCLEROSIS</u>		
	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	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 10-15, 1952 to 1-8, 1955, that I last saw the deceased alive on 1-2, 1955, and that death occurred at 4:30 A.M., from the causes and on the date stated above.

23a. SIGNATURE <u>Richard T. Waldin, M.D.</u> (Degree or title)	23b. ADDRESS <u>Bourbon, Mo.</u>	23c. DATE SIGNED <u>1-10-55</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>1-11-1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Cross Roads</u>
24d. LOCATION (City, town, or county) (State) <u>Leasburg Mo.</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Norman C. Hoover</u> ADDRESS <u>Cuba, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>1/11/1955</u> REGISTRAR'S SIGNATURE <u>W. G. Davis, Deputy Registrar</u>		

(Licensed Embalmer's Statement on Reverse Side)

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

APR 27 1956

AUG 22 1956

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.....
Herman J. Jaener

Licensed Embalmer No. 4673

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