

FILED JAN 28 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1270

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 83

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY Macon	
b. CITY OR TOWN KANSAS CITY		c. CITY OR TOWN MACON	
c. LENGTH OF STAY (in this place) 4 DAYS		d. 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 Osteopathic Hospital (28Min.)		STREET ADDRESS (If rural, give location) 702 VINE STREET 0611	

3. NAME OF DECEASED a. (First) VERNIE		b. (Middle)		c. (Last) RICHARDS		4. DATE OF DEATH (Month) (Day) (Year) JUN-6-1955	
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5. SEX 0 MALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED 1		8. DATE OF BIRTH AUG-29-1893		9. AGE (In years last birthday) 61		IF UNDER 1 YEAR Months		IF UNDER 24 HRS. Days Hours Min.	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) TRACK FOREMAN				10b. KIND OF BUSINESS OR INDUSTRY C.B. & O. P.R.				11. BIRTHPLACE (City and State or Foreign Country) 0 EMOEN, MISSOURI				12. CITIZEN OF WHAT COUNTRY? U.S.A.			
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13a. FATHER'S NAME EDWARD RICHARDS				13b. MOTHER'S MAIDEN NAME LILLIE MAY BORAM				14. NAME OF HUSBAND OR WIFE MRS. ETHEL MAY RICHARDS			
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No				16. SOCIAL SECURITY NO. 707-09-5151				17. INFORMANT'S SIGNATURE OR NAME MRS. ETHEL MAY RICHARDS				ADDRESS 702 VINE STREET MACON MO.			
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION										INTERVAL BETWEEN ONSET AND DEATH	
This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Cause of death unknown										7953	
		ANTECEDENT CAUSES											
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ 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 Post Refused								20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) Natural				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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 12:58 P. m., from the causes and on the date stated above.

23a. SIGNATURE Hugh H. Owens (Degree or title) 3				23b. ADDRESS 1034 Pearly Blvd				23c. DATE SIGNED 1-6-55			
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24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL				24b. DATE JAN-7-1955				24c. NAME OF CEMETERY OR CREMATORY				24d. LOCATION (City, town, or county) (State) MACON MISSOURI			
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DATE REC'D BY LOCAL REG. 1-7-55				REGISTRAR'S SIGNATURE neva minshall				25. FUNERAL DIRECTOR'S SIGNATURE D.W. Newcomer				ADDRESS 1331 BRUSH CREEK KANSAS CITY, MO.			
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FEB 1 1964

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... *Basil Honey*

Licensed Embalmer No. *472*

P. O. Address *K.C., 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.