

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

State File No. 11382

FILED MAY 16 1955

77

PRIMARY REG. DIST. NO. 3016

Registrar's No. 148

BIRTH NO. _____		REG. DIST. NO. 77		PRIMARY REG. DIST. NO. 3016		Registrar's No. 148	
1. PLACE OF DEATH a. COUNTY COLE				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY JACKSON			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN JEFFERSON CITY 0				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY 2478			
d. FULL NAME OF HOSPITAL OR INSTITUTION ST MARY'S HOSPITAL				d. STREET ADDRESS (If rural, give location) 3206 Washington 1			
3. NAME OF DECEASED (Type or Print)		a. (First) EMIL		b. (Middle) L.		c. (Last) RICHTER	
4. DATE OF DEATH		a. (Month) MAY		b. (Day) 11		c. (Year) 1955	
5. SEX MALE 0		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH Jan 22nd 1893	
9. AGE (In years last birthday) 62		10. MONTHS 3		11. DAYS 19		12. HOURS -	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) TELEGRAPH OPERATOR				10b. KIND OF BUSINESS OR INDUSTRY RAILROAD			
11. BIRTHPLACE (State or foreign country) Rich Fountain, Mo. 0				12. CITIZEN OF WHAT COUNTRY? USA			
13a. FATHER'S NAME Henry Richter		13b. MOTHER'S MAIDEN NAME Catherine Brunie		14. NAME OF HUSBAND OR WIFE LUCILLE RICHTER			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. xx		17. INFORMANT'S SIGNATURE OR NAME ADDRESS LUCILLE RICHTER ELDON, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage 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.				INTERVAL BETWEEN ONSET AND DEATH 1st	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 331 X				20. AUTOPSY? YES ☐ NO ☒	
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) m.		21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from May 11, 1955, to May 11, 1955, that I last saw the deceased alive on May 11, 1955, and that death occurred at 3:30 p.m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Francis P. Meier M.D.		23b. ADDRESS Jeff. City, Mo.		23c. DATE SIGNED May 11, 55			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE May 16th '55		24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery		24d. LOCATION (City, town, or county) (State) Kansas City, Mo.	
DATE REC'D BY LOCAL REG May 12-1955		REGISTRAR'S SIGNATURE R.P. Harris MD-MR.		25. FUNERAL DIRECTOR'S SIGNATURE Farmer Funeral Dir. Jones		ADDRESS	

(Licensed Embalmer's Statement on Reverse Side)

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

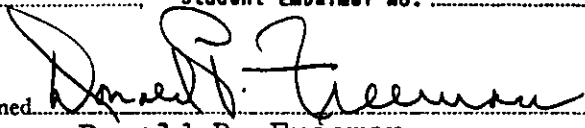
MAY 19 1956

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 _____

working under my personal supervision.

Student
Student Embalmer

Signed 
Donald P. Freeman
Licensed Embalmer No. 4623

P. O. Address Jefferson City, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.