

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED OCT 24 1955

State File No. **32419**

BIRTH NO. _____ REG. DIST. NO. **47** PRIMARY REG. DIST. NO. **3008** Registrar's No. **273**

1. PLACE OF DEATH a. COUNTY Gallaway		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Gallaway	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Fulton		c. LENGTH OF STAY (In this place) 5 Days	c. CITY OR TOWN Fulton
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Gallaway county hospital		e. STREET ADDRESS (If rural, give location) R.F.D. #4	

3. NAME OF DECEASED (Type or Print) Jake	a. (First)	b. (Middle)	c. (Last) Richmond Jr.	4. DATE OF DEATH (Month) (Day) (Year) October 17 1955
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5. SEX Male	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH April 10, 1898	9. AGE (In years last birthday) 60	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 HRS. Hours	IF UNDER 1 HRS. Min.
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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) Gallaway County - Mo.	12. CITIZEN OF WHAT COUNTRY? U. S. A.
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13a. FATHER'S NAME Mark Richmond	13b. MOTHER'S MAIDEN NAME Harriet Kraig	14. NAME OF HUSBAND OR WIFE Mrs. Roxie Richmond
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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) No	16. SOCIAL SECURITY NO. 499-30-5114	17. INFORMANT'S SIGNATURE OR NAME Roxie Richmond ADDRESS Fulton, Missouri
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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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Yangonema of the small intestines		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) a strangulation of the gut into a aperture of the DUE TO (c) mesenteric with adhesion		
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"/>
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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 (Month) (Day) (Year) (Hour) OF INJURY	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 **Oct 12, 1955**, to **Oct 17, 1955**, that I last saw the deceased alive on **Oct 17, 1955**, and that death occurred at **11:30 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) R. W. Lawrence M.D.	23b. ADDRESS 4216 Fulton Mo	23c. DATE SIGNED Oct 19/55
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Oct. 19, 55	24c. NAME OF CEMETERY OR CREMATORY Crows Fork Cemetery	24d. LOCATION (City, town, or county) (State) Gallaway County Missouri
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DATE REC'D BY LOCAL REG. Oct. 19-1955	REGISTRAR'S SIGNATURE Martha Lawrence	4216	25. FUNERAL DIRECTOR'S SIGNATURE Harry T. Bell, Fulton, Mo.	ADDRESS
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1955
1890

65

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 *J. Harry T. Bell*

Licensed Embalmer No. *486*
P. O. Address *Tulsa, Okla.*

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..