

FILED DEC 6 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36380

State File No.

BIRTH NO. _____ REG. DIST. NO. 93 PRIMARY REG. DIST. NO. 5344 Registrar's No. 55-96

1. PLACE OF DEATH a. COUNTY <u>Dade</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Dade</u>	
b. CITY OR TOWN <u>Aldrich, Rural</u>	c. LENGTH OF STAY (in this place) <u>Life</u>	c. CITY OR TOWN <u>Aldrich</u>	d. In Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>7 Mi. S. of Aldrich</u>		e. STREET ADDRESS (If rural, give location) <u>0290</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Tolley</u>	b. (Middle) <u>B.</u>	c. (Last) <u>Richey</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>November 28, 1955</u>
-------------------------------------	--------------------------	-----------------------	-------------------------	--

5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Aug. 7, 1884</u>	9. AGE (in years last birthday) <u>71</u>	if UNDER 1 YEAR Months <u>3</u> Days <u>21</u>	if UNDER 24 HRS. Hours <u></u> Min. <u></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>Dadeville, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U S A</u>
---	--	---	---

13a. FATHER'S NAME <u>Bert Richey</u>	13b. MOTHER'S MAIDEN NAME <u>Caroline Camp</u>	14. NAME OF HUSBAND OR WIFE <u>Grace C. Richey</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>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Buck Tygart Aldrich</u>	ADDRESS <u>Missouri</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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Burned</u>		INTERVAL BETWEEN ONSET AND DEATH
	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. <u>9160</u>		

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION <u>16</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
------------------------------	--	--

21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>	21c. (CITY, TOWN, OR TOWNSHIP) <u>N Morgan</u> COUNTY <u>Dade</u> (STATE) <u>MO</u>
--	--	---

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>11-28-55 11m</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>accidental fire</u>
---	---	---

22. I hereby certify that I attended the deceased from after death, 1955, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>W.R. Allison, Coroner</u>	23b. ADDRESS <u>Greensfield MO</u>	23c. DATE SIGNED <u>11-30-55</u>
---	------------------------------------	----------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Dec. 1, 1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Carr Chapel Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>S.E. of Greensfield, Mo.</u>
---	-------------------------------	--	---

DATE REC'D BY LOCAL REG. <u>11-30-55</u>	REGISTRAR'S SIGNATURE <u>J. C. Canada</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Willard B. Erwin</u>	ADDRESS <u>Dadeville, Missouri</u>
--	---	--	------------------------------------

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

55 113

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 *Willard B. Emmerich*

Licensed Embalmer No. *309*

P. O. Address *Bolivar,*

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.