

FILED DEC 30 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39961

State File No.

BIRTH NO. _____		REG. DIST. NO. <u>69</u>		PRIMARY REG. DIST. NO. <u>4122</u>		Registrar's No. <u>49</u>			
1. PLACE OF DEATH a. COUNTY Christian				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri				b. COUNTY Christian	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Nixa			c. LENGTH OF STAY (in this place) 79 Yrs.		c. CITY OR TOWN Nixa		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 Residence				e. STREET ADDRESS (If rural, give location) No Street Address					
3. NAME OF DECEASED (Type or Print) JENNIE			a. (First)		b. (Middle) V.		c. (Last) RICHTER		
4. DATE OF DEATH Dec. 12, 1955			7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Aug. 22, 1876		9. AGE (in years last birthday) 79		
5. SEX Female		6. COLOR OR RACE White		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY - - - -		11. BIRTHPLACE (City and State or Foreign Country) Nixa, Missouri	
12. CITIZEN OF WHAT COUNTRY? USA			13a. FATHER'S NAME James Faught		13b. MOTHER'S MAIDEN NAME Eliza Kerr		14. NAME OF HUSBAND OR WIFE Frank F. Richter		
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. 500-36-5366B		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Frank F. Richter, Nixa, Missouri				
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, ashenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) medullary failure ANTECEDENT CAUSES sepsis Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c) hypostatic pneumonia						INTERVAL BETWEEN ONSET AND DEATH 13 hrs. 3 days 3 days	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? <input type="checkbox"/> YES <input type="checkbox"/> 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 <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 <u>1955</u> to <u>12-12</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>12-5</u> , 19 <u>55</u> , and that death occurred at <u>7:00a</u> m., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) Harold Shaffer, D.O.				23b. ADDRESS Nixa, Mo			23c. DATE SIGNED 12-14-55		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 12-14-1955		24c. NAME OF CEMETERY OR CREMATORY Payne Cemetery		24d. LOCATION (City, town, or county) (State) Nixa, Missouri			
DATE REC'D BY LOCAL REG. Dec. 16, 1955		REGISTRAR'S SIGNATURE Olive Hutter			508 J. Alan Harris		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Clever, Mo.		

(Licensed Embalmer's Statement on Reverse Side)

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

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. Alan Harris*.....

Licensed Embalmer No. *4390*

P. O. Address *Cleveland, 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.