

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

8535

State File No.

BIRTH NO. _____ REG. DIST. NO. 77 PRIMARY REG. DIST. NO. 3016 Registrar's No. 104

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| 1. PLACE OF DEATH a. COUNTY Cole | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Maries | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Jefferson City, Mo. | | c. CITY OR TOWN Vienna, Mo. | d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. LENGTH OF STAY (In this place) 5 days | | • STREET ADDRESS (If rural, give location) 06341 | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION St. Marys Hospital | | | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) Richard b. (Middle) Ready c. (Last) | 4. DATE OF DEATH (Month) (Day) (Year) Mar. 31, 1956. |
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| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | 8. DATE OF BIRTH Jan. 10, 1872. | 9. AGE (In years last birthday) 84 | IF UNDER 1 YEAR Months 2 | IF UNDER 1 YEAR Days 21 | IF UNDER 24 HRS. Hours | IF UNDER 24 HRS. Min. |
|--------------------|-------------------------------|---|--|---|------------------------------------|-----------------------------------|-----------------------------------|----------------------------------|

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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (City and State or Foreign Country) Missouri. | 12. CITIZEN OF WHAT COUNTRY? U.S.A. |
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| 13a. FATHER'S NAME Levy Ready. | 13b. MOTHER'S MAIDEN NAME Belle Kelley | 14. NAME OF HUSBAND OR WIFE Mae Ready |
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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. | 17. INFORMANT'S SIGNATURE OR NAME Mae Ready, Vienna, Mo. | ADDRESS |
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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) Cerebral Hemorrhage | | 4 days |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Atherosclerosis DUE TO (c) | | yes |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION 331x | 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 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 3/26, 1956, to 3/31, 1956, that I last saw the deceased alive on 3/31, 1956, and that death occurred at 8:20A m., from the causes and on the date stated above.

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| 23a. SIGNATURE Francis T. Meind M.D. | (Degree or title) | 23b. ADDRESS Jeff. City, Mo. | 23c. DATE SIGNED 4/1/56 |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 24b. DATE Apr. 2, 1956 | 24c. NAME OF CEMETERY OR CREMATORY Liberty Cemetery | 24d. LOCATION (City, town, or county) (State) Maries County, Mo. |
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| DATE REC'D BY LOCAL REG. 10 April 1956 | REGISTRAR'S SIGNATURE R. P. Harris MD-MR. | 25. FUNERAL DIRECTOR'S SIGNATURE M. O. Cunningham | ADDRESS Vienna Mo. |
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

68-0

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 March 31, 1956, Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed W. C. Cunningham

Licensed Embalmer No. 3664

P. O. Address Perma

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.