FILED APR 16 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 12012

BIRTH NO. _____ REG. DIST. NO. 326 PRIMARY REG. DIST. NO. 4482 Registrar's No. 65

1. PLACE OF DEATH
a. COUNTY: SCOTLAND
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): MEMPHIS
c. LENGTH OF STAY (In this place): 50YRS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 221 N. MAIN ST.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: SAME
b. COUNTY:
c. CITY OR TOWN:
d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐
e. STREET ADDRESS (If rural, give location): 0990 0

3. NAME OF DECEASED (Type or Print)
a. (First): BENJAMIN
b. (Middle): FRANKLIN
c. (Last): RICHARDS

4. DATE OF DEATH (Month) (Day) (Year): APR. 10 1956

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): WIDOWED

8. DATE OF BIRTH: 7-2-1868

9. AGE (In years last birthday): 87 — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): FARMING

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (City and State or Foreign Country): NEW PHILADELPHIA ILL.

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: JOHN RICHARDS

13b. MOTHER'S MAIDEN NAME: MARTHA

14. NAME OF HUSBAND OR WIFE: ADALINE RICHARDS

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or unknown): No — (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: NONE

17. INFORMANT'S SIGNATURE OR NAME: Curtis Richards — ADDRESS: So. BEND IND

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 4 days

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Arteriosclerosis — 10 yrs

DUE TO (c)

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: 331X

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* June 2, 1941, *to* 4 10, 1956, *that I last saw the deceased alive on* 4-10-, 1956 *and that death occurred at* 1.45 A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): A.M. Keethler D.O.

23b. ADDRESS: Memphis, Mo.

23c. DATE SIGNED: 4-11-56

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL

24b. DATE: 4-12-1956

24c. NAME OF CEMETERY OR CREMATORY: MEMPHIS

24d. LOCATION (City, town, or county) (State): MEMPHIS Mo.

DATE REC'D BY LOCAL REG.: 4/11/56

REGISTRAR'S SIGNATURE: Vera L. Turner

25. FUNERAL DIRECTOR'S SIGNATURE: W. Payne & Sons — ADDRESS: Memphis 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 en

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Neal Payne.....

Licensed Embalmer No 25

P. O. Address Memphis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (
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.