

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

**FILED JUN 4 1956**

State File No. **17147**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **238** PRIMARY REG. DIST. NO. **5823** Registrar's No. **24**

|  |  |   |   |
|--|--|---|---|
| <b>1. PLACE OF DEATH</b><br>a. COUNTY <b>New Madrid</b>  |  | <b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission).<br>a. STATE <b>Missouri</b> b. COUNTY <b>New Madrid</b> |   |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural-New Madrid</b> |  | c. CITY OR TOWN <b>New Madrid</b>   | d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| c. LENGTH OF STAY (in this place) <b>4 Years</b>   |  | e. STREET ADDRESS (If rural, give location) <b>R#1</b>  |   |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Home</b>  |  |   |   |

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| <b>3. NAME OF DECEASED</b><br>(Type or Print) a. (First) <b>John</b> b. (Middle) <b>R</b> c. (Last) <b>Richards</b>     |  |  | <b>4. DATE OF DEATH</b> (Month) (Day) (Year) <b>May 18, 56</b>       |  |   |
| <b>5. SEX</b> <b>M</b>  | <b>6. COLOR OR RACE</b> <b>Colored</b> | <b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <b>Widowed</b> | <b>8. DATE OF BIRTH</b> <b>March 3, 1883</b>                         | <b>9. AGE</b> (In years last birthday) <b>73</b> | <b>IF UNDER 1 YEAR</b> Days <b>2</b> Months <b>15</b> |
| <b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>Retired Labor</b> |  | <b>10b. KIND OF BUSINESS OR INDUSTRY</b> _____                               | <b>11. BIRTHPLACE</b> (City and State or Foreign Country) <b>Ky.</b> |  | <b>12. CITIZEN OF WHAT COUNTRY?</b> <b>USA</b>        |

|   |   |   |
|---|---|---|
| <b>13a. FATHER'S NAME</b> <b>Unknown</b>  | <b>13b. MOTHER'S MAIDEN NAME</b> <b>Unknown</b> | <b>14. NAME OF HUSBAND OR WIFE</b> <b>Maggie Richards</b>                         |
| <b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <b>None</b> | <b>16. SOCIAL SECURITY NO.</b> <b>None</b>      | <b>17. INFORMANT'S SIGNATURE OR NAME</b> <b>Lewis Smart, New Madrid, Missouri</b> |

|  |   |  |   |
|--|---|--|---|
| <b>18. CAUSE OF DEATH</b><br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. | <b>MEDICAL CERTIFICATION</b>  |  | <b>INTERVAL BETWEEN ONSET AND DEATH</b> |
|  | <b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <b>Myocarditis (Chronic) Hypertension</b>   |  |   |
|  | <b>ANTECEDENT CAUSES</b><br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <b>sion &amp; arteriosclerosis</b><br>DUE TO (c) _____ |  |   |
| <b>II. OTHER SIGNIFICANT CONDITIONS</b><br>Conditions contributing to the death but not related to the disease or condition causing death. <b>Bilateral Indirect Ing Hernia</b>  |   |  |   |

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|--|---|---|
| <b>19a. DATE OF OPERATION</b>                                | <b>19b. MAJOR FINDINGS OF OPERATION</b>   | <b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
| <b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)              | <b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)               | <b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b> <b>443x</b>                      |
| <b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) _____ | <b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | <b>21f. HOW DID INJURY OCCUR?</b>   |

**22. I hereby certify that I attended the deceased from May, 1948, to May 9<sup>th</sup>, 1956, that I last saw the deceased alive on May 9, 1956, and that death occurred at 5 P m., from the causes and on the date stated above.**

|   |  |  |
|---|--|--|
| <b>23a. SIGNATURE</b> (Degree or title) <b>O.B. Chandler M.D.</b> | <b>23b. ADDRESS</b> <b>New Madrid Mo</b> | <b>23c. DATE SIGNED</b> <b>5/26/56</b>   |
| <b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <b>Burial</b>    | <b>24b. DATE</b> <b>23 May 56</b>        | <b>24c. NAME OF CEMETERY OR CREMATORY</b> <b>Sandhill Cemetery</b>               |
|   |  | <b>24d. LOCATION</b> (City, town, or county) (State) <b>New Madrid, Missouri</b> |

|  |  |   |                                  |
|--|--|---|----------------------------------|
| <b>DATE REC'D BY LOCAL REG.</b> <b>26 May 56</b> | <b>REGISTRAR'S SIGNATURE</b> <b>Tommy L. Roberts, Dep.</b> | <b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <b>Richards Undertaking Co.</b> | <b>ADDRESS</b> <b>New Madrid</b> |
|--|--|---|----------------------------------|

(Licensed Embalmer's Statement on Reverse Side)

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

10.300  
10.48

512  
0

DATE RECEIVED MAY 29 1956  
NEW MADRID CO. HEALTH CENTER

P. J. S.

**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 Henry T. Roberts  
Licensed Embalmer No. 488  
P. O. Address New Madrid

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.