

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

7728

STATE FILE NUMBER

FILED APR 8 - 1957

Registration District No. 42

Primary Registration District No. 1000

Registrar's No. 364

364

1. PLACE OF DEATH a. COUNTY <b>Buchanan</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Buchanan</b>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>St. Joseph</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <b>St. Joseph 01170</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) Length of stay in lb HOSPITAL OR D. O. A. <b>Mo. Methodist Hospital</b> <b>10 yrs</b>				d. STREET ADDRESS (If outside, give location) <b>6506 Lake Ave.</b>			
3. NAME OF DECEASED (Type or print) <b>CLIFFORD RICHARDS</b>				4. DATE OF DEATH Month <b>April</b> Day <b>1</b> Year <b>1957</b>			
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Jan. 28, 1892</b>	9. AGE (In years last birthday) <b>65</b>		IF UNDER 1 YEAR Months <b>0</b> Days <b>0</b> Hours <b>0</b> Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Laborer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Farming</b>		11. BIRTHPLACE (City and state or country) <b>Marion County Iowa</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13. FATHER'S NAME <b>Oliver Richards</b>				14. MOTHER'S MAIDEN NAME <b>Nettie Sands</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>Yes World War 1</b>		16. SOCIAL SECURITY NO. <b>none</b>		17. INFORMANT Address <b>Josephine Richards 6506 Lake Ave.</b>			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Coronary occlusion</b>						INTERVAL BETWEEN ONSET AND DEATH	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) <b>Signed as an unattended death</b>					
		DUE TO (c) <b>in the city of St. Joseph, Mo</b>					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)						19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <b>4201</b>				
20c. TIME OF INJURY Hour <b>9:35</b> Month <b>4</b> Day <b>1</b> Year <b>57</b> a. m. <b>P</b> p. m.							
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from <b>4-1-57</b> to <b>4-2-57</b> and last saw him alive on <b>4-2-57</b> Death occurred at <b>9:35 P</b> m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <b>Richard P. Maguire M.D. Assistant City Health Officer</b>				22b. ADDRESS <b>Phys + Surg Bldg 216, St. Joseph Mo</b>		22c. DATE SIGNED <b>4-2-57</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>Apr. 5, 57</b>	23c. NAME OF CEMETERY OR CREMATORY <b>National Cemetery</b>		23d. LOCATION (City, town, or county) (State) <b>Fort Leavenworth, Kansas</b>		
24. FUNERAL DIRECTOR ADDRESS <b>Clark Funeral Home St. Joseph, Mo.</b>			25. DATE RECD. BY LOCAL REG. <b>April 5, 1957</b>		26. REGISTRAR'S SIGNATURE <b>Thomas M. Allison</b>		

(Licensed Embolmer's Statement on Reverse Side)

Health, Welfare, Public Service  
800-56  
diseases in Part I, must be causally related. Coroner cannot certify to a death due to natural causes.  
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

APR 11 1957  
 6500 Lake Ave.  
 Chicago, Ill.  
 Oliver Richard  
 White  
 Male  
 1928  
 1957

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em-  
 by me, or by ....., Student Embalmer No.....  
 working under my personal supervision..

Student.....  
 Signature of Student Embalmer

Signed: *Earl A. Clark*

Licensed Embalmer No. 42  
 P. O. Address *Chicago, Ill.*

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.