

STANDARD CERTIFICATE OF DEATH

9276

STATE FILE NUMBER

FILED APR 9 - 1957

Registration District No. 383 Primary Registration District No. 5655 Registrar's No. 38

Health,
Welfare
Public
Service

300
1-56

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

1. PLACE OF DEATH a. COUNTY <u>Jacobs Lawrence</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Lawrence</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) Inside Limits OR Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> TOWN <u>Mt. Vernon</u>				c. CITY OR TOWN <u>Mt. Vernon</u> <u>0550</u> Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Mo. State Sanatorium</u> Length of stay in lb <u>2 1/2 mo.</u>				d. STREET ADDRESS (If outside, give location) <u>Route 2</u> Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First <u>Oscar</u> Middle <u>L.</u> Last <u>Richmond</u>			4. DATE OF DEATH Month <u>March</u> Day <u>31</u> Year <u>1957</u>				
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>			
8. DATE OF BIRTH <u>July 28, 1896</u>		9. AGE (In years last birthday) <u>60</u>		IF UNDER 1 YEAR Months <u>4</u> Days <u></u> Hours <u></u> Min. <u></u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming--Custodial work</u>			10b. KIND OF BUSINESS OR INDUSTRY				
11. BIRTHPLACE (City and state or country) <u>Mt. Vernon, Mo.</u>			12. CITIZEN OF WHAT COUNTRY? <u>USA</u>				
13. FATHER'S NAME <u>John O. Richmond</u>			14. MOTHER'S MAIDEN NAME <u>Celia Toliver</u>				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>Max yes C-2018 89 08</u>		16. SOCIAL SECURITY NO. <u>514-34-5618</u>		17. INFORMANT Address <u>San. records, Mo. State San., Mt. Vernon, Mo.</u>			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Probable lymphosarcoma, with lymphoblastoma & lymphoblastoma infiltration of skin</u>					INTERVAL BETWEEN ONSET AND DEATH <u>approx. 4 mo.</u>		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>2001</u>					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <u>2</u>		
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.)					
20c. TIME OF INJURY. Hour _____ Month _____ Day _____ Year _____ a. m. _____ p. m. _____							
20d. INJURY OCCURRED WHILE AT WORK <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 <u>1-16-57</u> to <u>3-31-57</u> and last saw him <u>Max</u> alive on <u>3-31-57</u> Death occurred at <u>7:10 a.m.</u> on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <u>C. Helweg M. O.</u>			22b. ADDRESS <u>Mt. Vernon, Mo.</u>		22c. DATE SIGNED <u>4-1-57</u>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE		23c. NAME OF CEMETERY OR CREMATORY			
				23d. LOCATION (City, town, or county) (State) <u>Mt. Vernon Mo.</u>			
24. FUNERAL DIRECTOR ADDRESS <u>H. L. Lassett Mt. Vernon, Mo.</u>			25. DATE RECD. BY LOCAL REG. <u>4-1-57</u>		26. REGISTRAR'S SIGNATURE <u>Paul Hendricks</u>		

(Licensed Embalmer's Statement on Reverse Side)

411-0

183 B

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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 *me*....., Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *H. O. Loretto*.....

Licensed Embalmer No. *2201*

P. O. Address *W. Vernon*

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.