

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-039737  
STATE FILE NUMBER

FILED DEC 1 1958 Registration District No. 170 Primary Registration District No. 324 Registrar's No. 113

1. PLACE OF DEATH a. COUNTY <b>Howard</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Howard</b>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Fayette</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>Fayette</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Lee Hospital</b>		Length of stay in lb <b>2 days</b>	d. STREET ADDRESS (If outside, give location) <b>503 W. Davis St.</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <b>BETTY</b> Middle <b>LEE</b> Last <b>RICHEY</b>			4. DATE OF DEATH Month <b>Nov.</b> Day <b>20</b> , Year <b>1958</b>		
5. SEX <b>Female</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. 14, 1932</b>	9. AGE (In years last birthday) <b>26</b>	IF UNDER 1 YEAR Months <b>10</b> Days <b>6</b>
10a. USUAL OCCUPATION (Give kind of work done during 1 year preceding death) <b>Telephone Operator</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Bell Tel. Co.</b>	11. BIRTHPLACE (City and state or country) <b>Howard Co. Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>Forrest Vincel Yancey</b>		13b. MOTHER'S MAIDEN NAME <b>Virlee Bowman</b>		14. NAME OF HUSBAND OR WIFE <b>Robert G. Richey</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes <input type="checkbox"/> or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>495-34-8779</b>	17. INFORMANT Address <b>Robert G. Richey Fayette, Mo</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>Peritonitis -</b> DUE TO (b) <b>appendectomy - Oct 15, 1958.</b> DUE TO (c) <b>(ruptured) drum.</b> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH (not related to the terminal disease condition given in PART I (a)) <b>5501</b>					INTERVAL BETWEEN ONSET AND DEATH <b>2 1/2 hrs.</b>
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. _____		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)			
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20f. CITY, TOWN, OR LOCATION		COUNTY	STATE
21. I attended the deceased from <b>Oct 15</b> to <b>Nov 20</b> and last saw her alive on <b>Nov 20</b> Death occurred at <b>Lee Hospital 3A</b> on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <b>M. Beardsall</b>			22b. ADDRESS <b>Fayette Mo</b>		22c. DATE SIGNED <b>11-22-58</b>
23a. BURIAL, CREMATION, ETC. (Specify) <b>Burial</b>		23b. DATE <b>11/22/58</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Fayette City Cemetery</b>		23d. LOCATION (City, town, or county) (State) <b>Fayette, Missouri</b>
24. FUNERAL DIRECTOR <b>Ralph A. Carr</b>		ADDRESS <b>Fayette, Mo</b>	25. DATE RECD. BY LOCAL REG. <b>11-22-58</b>	26. REGISTRAR'S SIGNATURE <b>Mary L. Shell</b>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

Vertical text on the left edge of the page, partially obscured.

DEC 2 1958

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 *Ralph A. Carr* .....

Licensed Embalmer No. *3340* .....

P. O. Address *Fayette, Mo* .....

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.