

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-009625
STATE FILE NUMBER 1553

FILED APR 8 1959 Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Kansas City
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION General Hospital #2		Length of stay in lb 33 years	d. STREET ADDRESS (If outside, give location) 1831 Vine
3. NAME OF DECEASED (Type or print) First James Middle Richey Last Richey		4. DATE OF DEATH Month March Day 22, Year 1959	
5. SEX Male	6. COLOR OR RACE Negro	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input checked="" type="checkbox"/>	8. DATE OF BIRTH Jan. 7, 1889
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Dentist		10b. KIND OF BUSINESS OR INDUSTRY Dentistry	11. BIRTHPLACE (City and state or country) Greensboro, N. C.
13a. FATHER'S NAME Dudley Richey		13b. MOTHER'S MAIDEN NAME unknown	14. NAME OF HUSBAND OR WIFE Edna M. Richey
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. 493-12-4193	17. INFORMANT Address Sarah West, Chicago, Ill.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Hemo-peritonium secondary to fall. 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) primary hepatoma.			INTERVAL BETWEEN ONSET AND DEATH 19. WAS AUTOPSY PERFORMED? 1 YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
20a. ACCIDENT <input checked="" 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.) fell stepping up onto curb	
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year 3-18-59		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Street	
20e. CITY, TOWN, OR LOCATION Kansas City		20f. COUNTY, STATE Jackson Mo	
21. I attended the deceased from 3-21-59 to 3-22-59 and last saw her/him alive on 3-22-59 Death occurred at 8:20 A m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>[Signature]</i>		22b. ADDRESS 600 East 22nd Street	22c. DATE SIGNED 3-25-59
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 3-28-1959	23c. NAME OF CEMETERY OR CREMATORY Highland Cemetery	23d. LOCATION (City, town, or county) (State) Kansas City, Missouri
24. FUNERAL DIRECTOR ADDRESS Mrs. Neek's Mortuary, K. C. Mo.		25. DATE RECD. BY LOCAL REG. 3-25-59	26. REGISTRAR'S SIGNATURE <i>[Signature]</i>

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1-57

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

E. Frank Ellis



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 *Millard B. Parker*

Licensed Embalmer No. *5013*

P. O. Address *K.C. 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.