

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-010403
STATE FILE NUMBER

FILED MAR 30 1959 Registration District No. 274 Primary Registration District No. 3052 Registrar's No. 107

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1-57

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

1. PLACE OF DEATH a. COUNTY Pettie		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Pettie	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Sedalia		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Sedalia 08040
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 318 East Boonville		Length of stay in lb 34 years	d. STREET ADDRESS (If outside, give location) 318 East Boonville
3. NAME OF DECEASED (Type or print) First Middle Last Medie Ellen Richards			4. DATE OF DEATH Month Day Year March 19, 1959
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH March 2, 1884
9. AGE (In years last birthday) 75		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	11. BIRTHPLACE (City and state or country) Pettie County, Missouri
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Own Home	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Benjamin Groer		13b. MOTHER'S MAIDEN NAME Eliza Thomas	14. NAME OF HUSBAND OR WIFE H.L. Richards
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. None	17. INFORMANT 318 East Boonville H.L. Richards, Sedalia, Mo.
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>myocarditis chronic</u>			INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)			
DUE TO (c) <u>4222</u>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u> rheumatoid arthritis</u>			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.)	
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>Jun 1958</u> to <u>March 19-59</u> and last saw her ^{him} alive on <u>March 19-59</u> Death occurred at <u>12:30 a.m.</u> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>Oliver Gordon Stauffer</u> (Degree or title)		22b. ADDRESS <u>Sedalia Mo</u>	22c. DATE SIGNED <u>3-20-59</u>
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <u>3/23/59</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Crown Hill Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Sedalia, Missouri</u>
24. FUNERAL DIRECTOR <u>James Ewing</u>	ADDRESS <u>Sedalia, Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>Mar 21 1959</u>	26. REGISTRAR'S SIGNATURE <u>Francis Shelby</u>

AUG 30 1965

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 *P. E. Baker*

Licensed Embalmer No. *2419*
P. O. Address *Secluded 7*

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.