

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-016973
STATE FILE NUMBER

FILED MAY 19 1959 Registration District No. 389 Primary Registration District No. 5159 Registrar's No. 6

300
-57

1. PLACE OF DEATH a. COUNTY Callaway		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before death) a. STATE Missouri b. COUNTY Callaway	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Rural, Caldwell Twp		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN New Bloomfield
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Home		Length of stay in lb 15 Yrs	d. STREET ADDRESS (If outside, give location) R.F.D.
3. NAME OF DECEASED (Type or print) First Mary Middle Magelan Last Richter			4. DATE OF DEATH Month May Day 13 Year 1959
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Oct, 17, 1890
9. AGE (In years at birthday) 68		IF UNDER 1 YEAR Months 6 Days 26	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life or retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (City and state or country) Frankenstein, Mo
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Martin Dauer	13b. MOTHER'S MAIDEN NAME Unknown
14. NAME OF HUSBAND OR WIFE Bernard Richter		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 Julius Richter		Address Jefferson City, 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) Death due to natural causes, according to the investigation made by Coroner DUE TO (b) Denzil C. Browning DUE TO (c) PART II: OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 7954			INTERVAL BETWEEN ONSET AND DEATH
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 _____ to _____ and last saw her/him alive on _____ Death occurred at Approx 8:00 P.M. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>Leroy Clayton</i>		(Degree or title) Local Registrar	22b. ADDRESS New Bloomfield Mo
22c. DATE SIGNED 5/14/59		22d. DATE SIGNED 	
23a. BURIAL, CREMATION, REINTERMENT DATE May 16, 1959		23b. NAME OF CEMETERY OR CREMATORY Resurrection Cem.	23c. LOCATION (City, town, or county) (State) Jefferson City, Mo
24. FUNERAL DIRECTOR <i>Stephanie Rulle</i>		ADDRESS 2 C Mo	25. DATE RECD. BY LOCAL REG. 5/14/59
26. REGISTRAR'S SIGNATURE <i>Leroy Clayton</i>		26. REGISTRAR'S SIGNATURE <i>Leroy Clayton</i>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 *Sylvester Dulle*

Licensed Embalmer No. *4321*
P. O. Address *Jefferson City*

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.