RI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

59-030065

STATE FILE NUMBER

FILED VS AUG 20 1959

Registration District No. 290 Primary Registration District No. _____ Registrar's No. 97

DED

1. PLACE OF DEATH
a. COUNTY Pulaski
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN RFD, Waynesville — Length of stay in 1b 32 days.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Martin Trailer Court — Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Indiana b. COUNTY
c. CITY OR TOWN Syrcuse — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) General Delivery — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First Virginia Middle Anne Last Richhart

4. DATE OF DEATH Month Aug Day 13 Year 59

5. SEX Female
6. COLOR OR RACE Cau
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH 18 Jan 1919
9. AGE (last birthday) 40 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY -------
11. BIRTHPLACE (City and state or country) Bishopville, S.C.
12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME Deceased
13b. MOTHER'S MAIDEN NAME Unknown
14. NAME OF HUSBAND OR WIFE Carlton John Richhart

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) 1950-1954
16. SOCIAL SECURITY NO. Unknown.
17. INFORMANT Carlton J. Richhart Address

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) ~~Undetermined~~ Respiratory Insufficiency
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Methyl Alcohol Intoxication ~~Awaiting final laboratory findings (Body found~~
DUE TO (c) ~~dead)~~
INTERVAL BETWEEN ONSET AND DEATH

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐
20a. ACCIDENT ☒ SUICIDE ☐ HOMICIDE ☐ ~~Undetermined~~
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) ~~Undetermined~~ Not Applicable
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year ~~Undetermined~~
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) ~~Undetermined~~
20f. CITY, TOWN, OR LOCATION RFD, Waynesville COUNTY Pulaski STATE Missouri

21. I saw ~~I attended~~ the deceased ~~from~~ on 13 August 1959, to ~~[illegible]~~ her ~~[illegible]~~ alive on
Death occurred at pronounced dead at 7:10 A.m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Hans H Baruch HANS H. BARUCH Capt MC
22b. ADDRESS Ft Leonard Wood, Mo.
22c. DATE SIGNED 13 Aug 59

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal
23b. DATE 8/15/59
23c. NAME OF CEMETERY OR CREMATORY Bishopville Cemetery
23d. LOCATION (City, town, or county) (State) Bishopville, S.C.

24. FUNERAL DIRECTOR Hedges Funeral Home ADDRESS Waynesville, Mo
25. DATE RECD. BY LOCAL REG. 8-15-59
26. REGISTRAR'S SIGNATURE Eula Mae Anderson

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

18(b) Methyl Alcohol Intoxication Awaiting final lab. findings 9-11-59
20(a) Accident Undetermined 9-11-59
BY AFFIDAVIT OF Medical officer DOCUMENT

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Clarence Moss

Signature of Student Embalmer

Licensed Embalmer No. 4896

P. O. Address Waynesville

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to com
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.

AUG 27 1959