IRI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS OCT 5 1959

59-032043
STATE FILE NUMBER

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 1023

1. PLACE OF DEATH
a. COUNTY: Greene
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Springfield — Length of stay in 1b: 35 years
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Burge Hospital — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Greene
c. CITY OR TOWN: Springfield — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 2005 S. Kings — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: BENJAMIN Middle: HARRISON Last: RICH
4. DATE OF DEATH: Month September Day 28 Year 1959
5. SEX: Male
6. COLOR OR RACE: White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: July 13, 1892
9. AGE (last birthday): 67
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): Ret Feed Dealer
10b. KIND OF BUSINESS OR INDUSTRY: Wholesale Feed Co.
11. BIRTHPLACE (City and state or country): St Clair Co., Mo.
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: Joe Rich
13b. MOTHER'S MAIDEN NAME: Martha Wyatt
14. NAME OF HUSBAND OR WIFE: Julia Rich
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): WW I
16. SOCIAL SECURITY NO.: 500-36-6887
17. INFORMANT: Mrs Julia Rich, Address: Springfield, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Cardiac failure
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b): Long standing Kidney disease
DUE TO (c):
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): Fracture of right hip 16 Sept 59
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 ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Fell at local feed mill
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year: Sept 16 59
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.): feed mill
20f. CITY, TOWN, OR LOCATION: Springfield, COUNTY Greene STATE Missouri
21. I attended the deceased from 16 Sept 59, to 28 Sept 59 and last saw her/him alive on 27 Sept 59
Death occurred at 6:20 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Erin M. Dillard (Degree or title) M.D.
22b. ADDRESS: 103 Professional Bldg
22c. DATE SIGNED: 29 Sept 59

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: Sept 30, 1959
23c. NAME OF CEMETERY OR CREMATORY: Hazelwood Cemetery
23d. LOCATION (City, town, or county) (State): Springfield, Missouri
24. FUNERAL DIRECTOR: Jewell E. Windle ADDRESS: BW Springfield, Mo.
25. DATE RECD. BY LOCAL REG.: 10-1-59
26. REGISTRAR'S SIGNATURE: Effie J. Melton

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

JS OCT 19 1959

NOV 9 1959

OCT 13 1959

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 Bernard F. Wright
Signature of Student Embalmer

Licensed Embalmer No. 429

P. O. Address Springf

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