URI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

60-012045

FILED VS APR 12 1960

Registration District No. 274 Primary Registration District No. _____ Registrar's No. 146

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY: Pettis	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE: Missouri b. COUNTY: Pettis
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Sedalia — Length of stay in 1b: 3 years	c. CITY OR TOWN: Sedalia — Inside Limits: Yes XX No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: North 65 highway — Inside Limits: Yes ☐ No XX	d. STREET ADDRESS (If outside, give location): 1408 South Ohio — Reside on Farm: Yes ☐ No XX
3. NAME OF DECEASED (Type or print): First WILLIAM Middle L. Last RICHARDS	4. DATE OF DEATH: Month April Day 1, Year 1960
5. SEX: Male — 6. COLOR OR RACE: White — 7. Married XX Never Married ☐ Widowed ☐ Divorced ☐	8. DATE OF BIRTH: 10/25/21 — 9. AGE (last birthday): 38 — 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): Truck Driver — 10b. KIND OF BUSINESS OR INDUSTRY: Freight lines	11. BIRTHPLACE (City and state or country): Malta Bend, Missouri — 12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: Ray Richards — 13b. MOTHER'S MAIDEN NAME: Alma Raines	14. NAME OF HUSBAND OR WIFE: Marjorie Deitrick Richards
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): World War II — 16. SOCIAL SECURITY NO.: 496-07-6067	17. INFORMANT: Mrs. Marjorie Deitrick, Richards — Address: 1408 South Ohio 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): Avulsion right side of neck and Fractured cervical spine

INTERVAL BETWEEN ONSET AND DEATH: immediate death

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): avulsion right side of neck nearly severed neck from Body

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.) Lost control of car, left road, broke off utility pole + overturned throwing victim 99 feet from car.

20c. TIME OF INJURY: 11:10 Hour: 5 p.m. Month, Day, Year: April 1, 1960

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.): Auto accident - highway

20f. CITY, TOWN, OR LOCATION: No. H'way 65. Sedalia, COUNTY: Pettis, STATE: Mo.

~~21. I attended the deceased from~~ Viewed Body ~~and last saw her/him alive on~~

Death occurred at 11:10 P.M. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Albert J. Campbell M.D. Deputy Coroner	22b. ADDRESS: 312½ So. Ohio Sedalia Mo.	22c. DATE SIGNED: 4-2-60
23a. BURIAL, CREMATION, REMOVAL (Specify): Burial — 23b. DATE: 4/4/60	23c. NAME OF CEMETERY OR CREMATORY: Malta Bend Cemetery	23d. LOCATION (City, town, or county) (State): Malta Bend, Missouri
24. FUNERAL DIRECTOR: Duane Ewing — ADDRESS: Sedalia, Mo.	25. DATE RECD. BY LOCAL REG.: 4-4-1960	26. REGISTRAR'S SIGNATURE: Frances Shelby

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

BY AFFIDAVIT OF DOCUMENT

APR 14 1960

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 P. E. Baker

Signature of Student Embalmer

Licensed Embalmer No. 2419

P. O. Address Sedalia

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