RI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS JAN 3 1961

-60-048410

STATE FILE NUMBER

Registration District No. 324 Primary Registration District No. 3072 Registrar's No. 232

DED

1. PLACE OF DEATH
a. COUNTY Saline
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Marshall — Length of stay in 1b: 2 days
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Fitzgibbon Hosp. — Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Saline
c. CITY OR TOWN Marshall — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 631 N Ellsworth — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First: CHARLES Middle: STEWART Last: RICHARDS

4. DATE OF DEATH Month December Day 31 Year 1960

5. SEX Male
6. COLOR OR RACE White
7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐
8. DATE OF BIRTH 12-29-1960
9. AGE (last birthday) IF UNDER 1 YEAR Months Days 2 IF UNDER 24 HR Hours Min.

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

13a. FATHER'S NAME Wendell Richards
13b. MOTHER'S MAIDEN NAME Joyce VanBuskirk
14. NAME OF HUSBAND OR WIFE X

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) X (If yes, give war or dates of service) X
16. SOCIAL SECURITY NO. X
17. INFORMANT Wendell Richards Address ~~Marshall, Mo~~ 631 N Ellsworth

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) Premature-
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
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)

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.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
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.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from Dec 30-60, to ____ and last saw him alive on Dec 31-60
Death occurred at Dec 31-60 5:00 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE John R Laurence M.D. (Degree or title)
22b. ADDRESS Marshall, Missouri
22c. DATE SIGNED 12-31-1960

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 1-1-1961
23c. NAME OF CEMETERY OR CREMATORY Sunset Cemetery
23d. LOCATION (City, town, or county) (State) Marshall, Missouri

24. FUNERAL DIRECTOR Jack W. Reser ADDRESS Marshall, Missouri
25. DATE RECD. BY LOCAL REG. 12-31-60
26. REGISTRAR'S SIGNATURE Cecil H. Read

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

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

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed Jack W Riser

Licensed Embalmer No. 464

P. O. Address Marshal

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