# MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-002122

STATE FILE NUMBER

Registration District No. 757 Primary Registration District No. 3028 Registrar's No. 3

DO NOT WRITE ON THIS STUB

AMENDED

VS 300 Rev. 4/59

1 0497
2 0497
3 2
4 1
5 2
6
7 0
8 0
9 4/200
10
11
12 2-0
13 3-0

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

| ITEM NO. | SHOULD READ | INSTEAD OF | DATE AMENDED |
|---|---|---|---|
| | | | |

BY AFFIDAVIT OF

DOCUMENT

USE BLACK INK OR TYPEWRITER RIBBON

FILED JAN 17 1963

1. PLACE OF DEATH a. COUNTY JASPER

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN CARTHAGE — Length of stay in 1b: 22 YEARS

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION McCUNE BROOKS HOSPITAL — Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY JASPER

c. CITY OR TOWN CARTHAGE — Inside Limits Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location) 1034 S. GARRISON — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First ROSE Middle ETTA Last RICHARDS

4. DATE OF DEATH Month JANUARY Day 5, Year 1963

5. SEX FEMALE

6. COLOR OR RACE WHITE

7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐

8. DATE OF BIRTH 9-1-1878

9. AGE (last birthday) 84 — 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 HOUSEWIFE

11. BIRTHPLACE (City and state or country) GRANBY, MISSOURI

12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME LEONARD C. McLEAD

13b. MOTHER'S MAIDEN NAME SUSAN GLASS

14. NAME OF HUSBAND OR WIFE MAJOR JERRE L. RICHARDS

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of

16. SOCIAL SECURITY NO.

17. INFORMANT MRS. T.M. GLEGHORN Address CARTHAGE, MO.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY:

| | | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|
| IMMEDIATE CAUSE (a) | Acute myocardial infarction | 30 hrs. |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) | Arteriosclerotic heart disease | 5 yrs. |
| DUE TO (c) | | |

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

Diabetes mellitus 25 yrs.

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 2/7/52 to 1/5/63 and last saw her/him alive on 1/5/63

Death occurred at 12:01 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) MD.

22b. ADDRESS 1515 HAZEL, CARTHAGE, MO.

22c. DATE SIGNED 1-7-63

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL

23b. DATE 1-8-63

23c. NAME OF CEMETERY OR CREMATORY PARK CEMETERY

23d. LOCATION (City, town, or county) (State) CARTHAGE, MISSOURI

24. FUNERAL DIRECTOR ULMER FUNERAL HOME ADDRESS CARTHAGE, MO.

25. DATE RECD. BY LOCAL REG. 1-8-63

26. REGISTRAR'S SIGNATURE

(Licensed Embalmer's Statement on Reverse Side)

JAN 24 1963

JAN 18 1963

JAN 28 1963

MAR 15 1963

**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 _____ Signed Melvin Garrett

Signature of Student Embalmer

Licensed Embalmer No. 5121

P. O. Address CARTHAGE, MO.

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.