

FILED MAR 3 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **3951**

BIRTH NO. _____ REG. DIST. NO. 6 PRIMARY REG. DIST. NO. 3001 Registrar's No. 8

1. PLACE OF DEATH a. COUNTY <u>Audrain</u>		2. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Audrain</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Vandalia</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Vandalia</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Brown Nursing Home</u>		d. STREET ADDRESS (If rural, give location) <u>202 East Olive</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Thomas</u> b. (Middle) <u>Richard</u> c. (Last) _____			4. DATE OF DEATH (Month) (Day) (Year) <u>Feb 20 1949</u>		
--	--	--	---	--	--

5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>April 27 1868</u>	9. AGE (In years last birthday) <u>80</u>	IF UNDER 1 YEAR: Months <u>9</u> Days <u>24</u>	IF UNDER 24 HRS: Hours _____ Min. _____
--------------------	-------------------------------	---	---------------------------------------	---	---	---

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Salesman</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Plants and trees</u>	11. BIRTHPLACE (State or foreign country) <u>Vandalia Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
---	---	--	--

13a. FATHER'S NAME <u>George Richard</u>	13b. MOTHER'S MAIDEN NAME <u>Maria Allen</u>	14. NAME OF HUSBAND OR WIFE <u>Millie Richard</u>
--	--	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, or if unknown) <u>No</u>	16. SOCIAL SECURITY NO. <u>O.A.A.</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Helen McClure</u>	ADDRESS <u>Vandalia Mo</u>
--	---------------------------------------	--	----------------------------

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocarditis</u>		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Rheumatism</u> DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>42°</u>			

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
------------------------------	--	---

21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Vandalia Audrain Mo</u>
--	--	---

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____
---	--	----------------------------------

22. I hereby certify that I attended the deceased from Jan 13, 1949, to Feb 20, 1949, that I last saw the deceased alive on Feb 17, 1949, and that death occurred at 12:30 m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>H. H. Blood</u>	23b. ADDRESS <u>Vandalia Mo</u>	23c. DATE SIGNED <u>2/21/49</u>
---	---------------------------------	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>2-22-49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Vandalia Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Vandalia Missouri</u>
---	--------------------------	---	--

DATE REC'D BY LOCAL REG. <u>Feb. 22 1949</u>	REGISTRAR'S SIGNATURE <u>Mabelle Figueroa</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>W. S. Waters</u>	ADDRESS <u>Vandalia Mo</u>
--	---	--	----------------------------

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNEADING BLACK INK—MAKE A PERMANENT RECORD

4
2
1

RECEIVED

District Health Officer No. 16

District File Number 2049.5

Date Filed FEB 28 1949

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
Student Embalmer

Signed Ann B. Waters

Licensed Embalmer No. 4169

P. O. Address Vandalia 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 this body is not embalmed, fact should be so stated above.