

FILED FEB 21 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4377

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 82 PRIMARY REG. DIST. NO. 3017 Registrar's No. 20

1. PLACE OF DEATH a. COUNTY <u>Cooper</u>				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Cooper</u>				
b. CITY (If outside corporate limits, write RURAL and give township) <u>Boonville</u>		c. LENGTH OF STAY (in this place) <u>2 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Pilot Grove</u>		d. STREET ADDRESS (If rural, give location) <u>0</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Boonville Nursing Home</u>				d. STREET ADDRESS (If rural, give location) <u>0</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>ANNA</u> b. (Middle) _____ c. (Last) <u>RICHEY</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Feb 7 - 1949</u>					
5. SEX <u>Fem</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, NEVER MARRIED, WIDOWED (Specify) <u>never married</u>	8. DATE OF BIRTH <u>Nov - 27 - 1872</u>	9. AGE (In years last birthday) <u>76</u>	IF UNDER 1 YEAR Months <u>2</u> Days <u>10</u>	IF UNDER 24 HRS. Hours _____ Min. _____		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housework</u>			10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>John Richey</u>		13b. MOTHER'S MAIDEN NAME <u>Rebecca Kirkman</u>		14. NAME OF HUSBAND OR WIFE <u>none</u>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Dr. W. Richey</u>		ADDRESS <u>Pilot Grove, 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, asthenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Intestinal rephritis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Arterio sclerosis</u>				INTERVAL BETWEEN ONSET AND DEATH <u>?</u>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		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 <u>June</u> , 19 <u>48</u> , to <u>Feb 7</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>Feb 6</u> , 19 <u>49</u> , and that death occurred at <u>3:30 P.M.</u> , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>M. Dickraeger M.D.</u>				23b. ADDRESS <u>Boonville Mo</u>		23c. DATE SIGNED <u>2/8/49</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Feb 9 - 1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Pilot Grove</u>		24d. LOCATION (City, town, or county) (State) <u>Pilot Grove Mo</u>			
DATE REC'D BY LOCAL REG. <u>Feb - 8 - 1949</u>		REGISTRAR'S SIGNATURE <u>Do Cooper</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Hays & Panter</u>		ADDRESS <u>Pilot Grove Mo</u>		

(Licensed Embalmer's Statement on Reverse Side)

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

0.300
0.48

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 2-18-49

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 Rayton E. Hays

Licensed Embalmer No. 3074

P. O. Address Pilot Grove, Wis.

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.