

No. 300
10-48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **25978**

FILED AUG 24 1949

BIRTH NO. _____		REG. DIST. NO. <u>1</u>		PRIMARY REG. DIST. NO. <u>3000</u>		Registrar's No. <u>241</u>			
1. PLACE OF DEATH a. COUNTY Adair				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri				b. COUNTY Adair	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kirkville		c. LENGTH OF STAY (in this place) 66 Days		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Brashear		d. STREET ADDRESS (If rural, give location) N one			
d. FULL NAME OF HOSPITAL OR INSTITUTION Grim-Smith Memorial Hospital				3. NAME OF DECEASED a. (First) Max				b. (Middle) D	
c. (Last) Richey				4. DATE OF DEATH August 11 1949		5. SEX Male			
6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single		8. DATE OF BIRTH March 9 1880		9. AGE (in years last birthday) 69			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Policeman		10b. KIND OF BUSINESS OR INDUSTRY Police Force		11. BIRTHPLACE (State or foreign country) Millard, Mo.		12. CITIZEN OF WHAT COUNTRY? United States			
13a. FATHER'S NAME R T Richey			13b. MOTHER'S MAIDEN NAME Nancy Williams			14. NAME OF HUSBAND OR WIFE None			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) unknown		16. SOCIAL SECURITY NO. Unknown		17. INFORMANT'S SIGNATURE OR NAME Alfred Richey, Jr.		ADDRESS Kirkville, MO.			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) myocarditis, luetic				INTERVAL BETWEEN ONSET AND DEATH 30 yrs?	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				DUE TO (b) _____ DUE TO (c) _____				723X	
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 6-8-1949 , 1949 , to 8-11 , 1949 , that I last saw the deceased alive on 8-11-1949 , and that death occurred at 8-15 Pm. , from the causes and on the date stated above.									
23a. SIGNATURE [Signature] (Degree or title)				23b. ADDRESS Kirkville MO		23c. DATE SIGNED 8-12-1949			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 8-13-49		24c. NAME OF CEMETERY OR CREMATORY Stukey Cemetery		24d. LOCATION (City, town, or county) (State) Millard, Mo.			
DATE REC'D BY LOCAL REG. 8-13-49		REGISTRAR'S SIGNATURE Kate Lambert		5. FUNERAL DIRECTOR'S SIGNATURE [Signature]		ADDRESS Davis Funeral Home, Kirkville Mo.			

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

AUG 24 1949

JAN 9 1950
MAR 15 1955

RECEIVED AUG 22 1949
District Health Officer No. 10
District File Number 8-49-1462
Date Filed AUG 22 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, ~~only~~ _____

Student Embalmer No. _____

working under my personal supervision.

Signed Clerene M. Billo

Signed _____
Student Embalmer

Licensed Embalmer No. 4375

P. O. Address Kirksville, 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.