

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **40369**
 Registrar's No. **5757**

FILED JAN 7 1950 REG. DIST. NO. **44** PRIMARY REG. DIST. NO. **5753**

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

1. PLACE OF DEATH a. COUNTY CALDWELL			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY CALDWELL c. CITY (If outside corporate limits, write RURAL and give township) RURAL d. STREET ADDRESS (If rural, give location) 4 MILES NORTH COWGILL, MO.		
3. NAME OF DECEASED (Type or Print) a. (First) DAVID b. (Middle) DUDLEY c. (Last) RICHARDS			4. DATE OF DEATH (Month) (Day) (Year) Dec. 18 '49		
5. SEX M		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	
8. DATE OF BIRTH April 29, 1865		9. AGE (In years last birthday) 85		10. <input type="checkbox"/> UNDER 1 YEAR 11. <input type="checkbox"/> UNDER 12 HRS.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER		10b. KIND OF BUSINESS OR INDUSTRY FARMING		11. BIRTHPLACE (State or foreign country) DEWITT CO., ILLINOIS	
12. CITIZENRY OF WHAT COUNTRY? U.S.		13a. FATHER'S NAME WILLIAM RICHARDS		13b. MOTHER'S MAIDEN NAME EMELYN WOODS	
14. NAME OF HUSBAND OR WIFE IDA BELLE RICHARDS		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. NO.	
17. INFORMANT'S SIGNATURE OR NAME CHARLES GAIN-COWGILL, MO.		18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arteriosclerosis</u> 2. ANTECEDENT CAUSES 3. DUE TO (b) <u>Senile Dementia</u> 4. DUE TO (c) 5. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH years 4 7/8 45 0 0	
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)		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 Sept 10, 1949 , to Dec 18, 1949 , that I last saw the deceased alive on Dec 10, 1949 , and that death occurred at _____ m., from the causes and on the date stated above.					
23a. SIGNATURE (Name or title) C.H. Wilson M.D.		23b. ADDRESS P.O. Box 200		23c. DATE SIGNED 12-21-49	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 12/19/1949		24c. NAME OF CEMETERY OR CREMATORY ENON CEMETERY	
24d. LOCATION (City, town, or county) (State) CALDWELL CO., MO.		DATE REC'D BY LOCAL REG. 12-31-49		REGISTRAR'S SIGNATURE Mrs. Nell B. Jones	
FUNERAL DIRECTOR'S SIGNATURE Gene C. Michael, Braymer, Mo.		ADDRESS			

(Licensed Embalmer's Statement on Reverse Side)

MAR 1 9 1958



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.~~

Signed

Gene C. Michael

Signed

~~Student Embalmer~~

Licensed Embalmer No.

4340

P. O. Address

Braymer, 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.