

FILED FEB 27 1950

STANDARD CERTIFICATE OF DEATH

State File No. 4538

BIRTH NO. 7512-50 REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 140

1. PLACE OF DEATH a. COUNTY <u>Greene</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Greene</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Springfield</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Boone Twp</u>	
c. LENGTH OF STAY (in this place) <u>20 hrs</u>		TOWN <u>Doone Twp</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Burg Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>Oak Grove R#2</u>	
3. NAME OF DECEASED a. (First) <u>Infant Son</u> b. (Middle) <u>Mrs.</u> c. (Last) <u>EDWIN RICHTER</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 17, 1950</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>	8. DATE OF BIRTH <u>February 17, 1950</u>
9. AGE (In years last birthday)		IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Child</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>EDWIN RICHTER</u>	
13b. MOTHER'S MAIDEN NAME <u>THELMA STANTON</u>		14. NAME OF HUSBAND OR WIFE —	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. —	
17. INFORMANT'S SIGNATURE OR NAME <u>EDWIN RICHTER</u>		ADDRESS <u>Oak Grove Mo R#2</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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Prematurity 22 weeks</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Placenta Praeval</u>  DUE TO (c)  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.  7615	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		21a. ACCIDENT (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) m.		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>Feb 17, 1950</u> , to <u>Feb 18, 1950</u> , that I last saw the deceased alive on <u>Feb 18, 1950</u> , and that death occurred at <u>10:00 P.</u> m.; from the causes and on the date stated above.	
23a. SIGNATURE <u>R. M. White D.</u>		23b. ADDRESS <u>609 Cherry Springfield</u>	
23c. DATE SIGNED <u>1950 2</u>		23d. NAME OF CEMETERY OR CREMATORY <u>Oak Grove Cemetery</u>	
23e. LOCATION (City, town, or county) (State) <u>Oak Grove Mo</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Buried #1</u>	
24b. DATE <u>2-18-50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Oak Grove Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Oak Grove Mo</u>		24e. DATE REC'D BY LOCAL REG. <u>2-20-50</u>	
24f. REGISTRAR'S SIGNATURE <u>W. E. Handley M.D.</u>		24g. FUNERAL DIRECTOR'S SIGNATURE <u>Wm. Funeral Home Oak Grove Mo</u>	
24h. ADDRESS <u>Oak Grove Mo</u>		24i. DATE REC'D BY LOCAL REG. <u>2-20-50</u>	

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

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**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 *Not Embalmed Warren D. Docket*.....

Licensed Embalmer No. *4605*.....

P. O. Address *Ch. Brook Me*.....

**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.