

FILED MAY 5 1950  
 THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

12354

State File No. ....

Registrar's No. 53

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 71 PRIMARY REG. DIST. NO. 7128

0240  
1

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

1. PLACE OF DEATH a. COUNTY <b>Clay</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Clay</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Missouri City</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Missouri City</b>	
c. LENGTH OF STAY (In this place) <b>8 Months</b>		0240	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>No Address</b>		d. STREET ADDRESS (If rural, give location) <b>No Address</b>	

3. NAME OF DECEASED (Type or Print)	a. (First) <b>Nina</b>	b. (Middle)	c. (Last) <b>Richie</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>April 10 1950</b>
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5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>April 10-50</b>	9. AGE (In years last birthday) <b>32</b>	IF UNDER 1 YEAR Months <b>10</b>	IF UNDER 1 DAY Hours <b>13</b>	IF UNDER 1 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <b>Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>US.</b>
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13a. FATHER'S NAME <b>William Bowman</b>	13b. MOTHER'S MAIDEN NAME <b>Lettie Smith</b>	14. NAME OF HUSBAND OR WIFE <b>Clarence Richie</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <b>Clarence Richie</b>	ADDRESS <b>Missouri City, MO</b>
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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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary thrombosis</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Rheumatic fever</b> DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		4/11/50	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from Jan. 2, 1950, to Apr. 10, 1950, that I last saw the deceased alive on Apr. 5, 1950, and that death occurred at 11:45 A.M., from the causes and on the date stated above.

23a. SIGNATURE <i>[Signature]</i> (Degree or title) <b>D.M. D.</b>	23b. ADDRESS <b>Excelsior Springs, Mo.</b>	23c. DATE SIGNED <b>4/11/50</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removed</b>	24b. DATE <b>April 11-50</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Carthage</b>	24d. LOCATION (City, town, or county) (State) <b>Carthage Mo.</b>
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DATE REC'D BY LOCAL REG. <b>4/10/50</b>	REGISTRAR'S SIGNATURE <i>[Signature]</i>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Prunch Archer Co.</b>	ADDRESS <b>Liberty MO</b>
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(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

MAY 1

District Health Officer No. 8,

District File Number \_\_\_\_\_

Date Filed 5/4/50

VS  
APR 11 1960

APR 11 1960

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 John Sanchez

Licensed Embalmer No. 4448

P. O. Address Liberty 000

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.