

No. 300
10.48

FILED JUN 3 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

16043

State File No.

BIRTH NO. _____ REG. DIST. NO. 47 PRIMARY REG. DIST. NO. 3008 Registrar's No. 175

1. PLACE OF DEATH a. COUNTY <u>Callaway</u>		2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Fulton</u>	c. LENGTH OF STAY (In this place) <u>2 mo 2 day</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City Mo 3708</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>State Hosp't No 1</u>		d. STREET ADDRESS (If rural, give location) <u>3928 Wyoming St</u>	
3. NAME OF DECEASED a. (First) <u>RISHOD</u> b. (Middle) <u>CLEVELAND</u> c. (Last) <u>CLEVELAND</u>		DATE OF DEATH (Month) (Day) (Year) <u>May 20 1950</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widower</u>	8. DATE OF BIRTH <u>DK April 23</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>City Fireman</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>DK</u>	11. BIRTHPLACE (State or foreign country) <u>DK 9</u>
13a. FATHER'S NAME <u>DK</u>		13b. MOTHER'S MAIDEN NAME <u>DK</u>	14. NAME OF HUSBAND OR WIFE <u>DK</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>UNK DK</u>		16. SOCIAL SECURITY NO. <u>DK</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Records State Hosp't No 1 Fulton Mo</u> ADDRESS _____

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Myocarditis</u>		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>4222</u>
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 3-18, 1950 to 5-20, 1950, that I last saw the deceased alive on 5-20, 1950, and that death occurred at 1:25 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>J. J. Caldwell, M.D.</u> (Degree or title)	23b. ADDRESS <u>Fulton Mo</u>	23c. DATE SIGNED <u>5/20/50</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVABLE</u>	24b. DATE <u>5/21/1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>ELMWOOD</u>
24d. LOCATION (City, town, or county) (State) <u>KANSAS CITY, MO.</u>		

DATE REC'D BY LOCAL REG. <u>May 27 1950</u>	REGISTRAR'S SIGNATURE <u>Maretha Lawrence</u>	426	25. FUNERAL DIRECTOR'S SIGNATURE <u>Maupin Funeral Home, Fulton Mo.</u> ADDRESS _____
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

142
2

RECEIVED MAY 30 1950
District Health Officer No. 9,
District File Number

JUL - E 1950

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 _____

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed Walter J. Haines, Jr.

Licensed Embalmer No. 4557

P. O. Address Fulton 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.