

FILED AUG 28 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 27665

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 243 PRIMARY REG. DIST. NO. 4364 Registrar's No. 17

1. PLACE OF DEATH a. COUNTY <u>Newton</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>McDonald</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Stella</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rocky Comfort MO</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Cardwell Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>1</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Dora</u> b. (Middle) <u>Evelyn</u> c. (Last) <u>Richmond</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Aug. 6, 1950</u>		
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	
8. DATE OF BIRTH <u>7-8-1913</u>		9. AGE (In years last birthday) <u>36</u>		10. MONTH <u>11</u> DAY <u>28</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Housewife</u>		11. BIRTHPLACE (State or foreign country) <u>Neosho, Mo.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					

13a. FATHER'S NAME <u>Frank Bolan</u>		13b. MOTHER'S MAIDEN NAME <u>Minnie Heamon</u>		14. NAME OF HUSBAND OR WIFE <u>Kenneth L. Richmond</u>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Kenneth L. Richmond Rocky Comfort, Mo.</u>	
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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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Nephritis</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Toxemia of pregnancy</u>  DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			INTERVAL BETWEEN ONSET AND DEATH <u>1 week</u>  <u>6421</u>
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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)	
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 Aug. 2, 1950, to Aug. 6, 1950, that I last saw the deceased alive on Aug. 6, 1950, and that death occurred at 3:30 p. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>C. Cardwell, M.D.</u>		23b. ADDRESS <u>Stella, Mo.</u>		23c. DATE SIGNED <u>8-10-50</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Aug. 8, 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Rocky Comfort Cemetery</u>	
				24d. LOCATION (City, town, or county) (State) <u>Rocky Comfort Missouri</u>	

DATE REC'D BY LOCAL REG. <u>8-14-1950</u>		REGISTRAR'S SIGNATURE <u>Alpha Dyer 369</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Wm Morris Toque Wheaton Mo</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1730

**RECEIVED**

District Health Officer No. .... NEWTON COUNTY HEALTH DEPT.

District File Number ..... 850-172

Date Filed AUG 21 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 .....

..... Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed *James Kenneth Duncan*  
Licensed Embalmer No. 4767

P. O. Address .....

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.