

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **9482**

FILED APR 4 1951

0760
1

BIRTH NO. _____ REG. DIST. NO. **256** PRIMARY REG. DIST. NO. **4388** Registrar's No. **6**

1. PLACE OF DEATH a. COUNTY OSAGE			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Chamais b. COUNTY Osage		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Chamais Mo. Benton		c. LENGTH OF STAY (in this place) 60	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Chamais Mo. 0760		
d. FULL NAME OF HOSPITAL OR INSTITUTION Home			d. STREET ADDRESS (If rural, give location) 0		
3. NAME OF DECEASED (Type or Print) a. (First) MARY b. (Middle) MALINDA c. (Last) RICHARD			4. DATE OF DEATH (Month) (Day) (Year) 3 23 1951		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH July 4-1873	9. AGE (In years last birthday) 77	IF UNDER 1 YEAR Months 8 Days 8
10a. USUAL OCCUPATION (Give kind of work done during most of working life, or if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Housewife	11. BIRTHPLACE (State or foreign country) Illinois	12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME John O.F.A. Henderson		13b. MOTHER'S MAIDEN NAME Martha Johns	14. NAME OF HUSBAND OR WIFE Joseph H. Richards		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) None		16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Ens Richard Chamais 770.		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) Adeno-Carcinoma			MEDICAL CERTIFICATION		
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Adeno-Carcinoma			INTERVAL BETWEEN ONSET AND DEATH 3 mo.		
ANTECEDENT CAUSES *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 1998		
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) 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 7-3 , 19 50 , to 3-23 , 19 51 , that I last saw the deceased alive on 3-22 , 19 51 , and that death occurred at 12:30 AM from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) J. R. Farnsworth D.O.			23b. ADDRESS Chamais		23c. DATE SIGNED 3-24-51.
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 3-26-1951	24c. NAME OF CEMETERY OR CREMATORY Catholic Chamais Mo Chamais		24d. LOCATION (City, town, or county) (State) Mo
DATE REC'D BY LOCAL REG. 3-28-51		REGISTRAR'S SIGNATURE Anna Moran 448		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS C. J. Meyer Chamais Mo	

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

File No. _____
DISTRICT HEALTH OFFICE No. 4

APR 3 1951

RECEIVED

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 _____

Lester V. Genevey Jr.

Signed _____
Student Embalmer

Licensed Embalmer No. _____

4713

P. O. Address _____

JC. Md.

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.