

FILED SEP 4 1951

STANDARD CERTIFICATE OF DEATH

State File No. 29259

BIRTH NO. _____		REG. DIST. NO. 347		PRIMARY REG. DIST. NO. 6172		Registrar's No. 421	
1. PLACE OF DEATH a. COUNTY Stone 1040				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Stone			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural - Washington		c. LENGTH OF STAY (in this place) 19 yrs.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural - Washington 1040		d. STREET ADDRESS (If rural, give location) Galena mo. 0	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION		3. NAME OF DECEASED (Type or Print) a. (First) Howard b. (Middle) L c. (Last) Richey		4. DATE OF DEATH (Month) (Day) (Year) Aug 13 51			
5. SEX M 0	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) single (1)	8. DATE OF BIRTH Dec 6 1870	9. AGE (In years last birthday) 80	UNDER 1 YEAR Months	1 YEAR Days	IF UNDER 16 REG. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farming		11. BIRTHPLACE (State or foreign country) Waverly, Iowa		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME George A. Richey		13b. MOTHER'S MAIDEN NAME Sarah E. White		14. NAME OF HUSBAND OR WIFE none			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME Walter Tilden - Galena, Mo.		ADDRESS	
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) coronary thrombosis ANTECEDENT CAUSES 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.				INTERVAL BETWEEN ONSET AND DEATH 1 day	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4/201				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)		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 June 1951, to 13 Aug 1951, that I last saw the deceased alive on June 1951, and that death occurred at 2:30 p.m., from the causes and on the date stated above.							
23a. SIGNATURE Walter Tilden				(Degree or title)		23b. ADDRESS Glenwood, Mo.	
23c. DATE SIGNED 15 Aug 1951		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Aug 15, 1951		24c. NAME OF CEMETERY OR CREMATORY Cape Fair	
24d. LOCATION (City, town, or county) (State) Cape Fair, Missouri		DATE REC'D BY LOCAL REG. Aug 15 51		REGISTRAR'S SIGNATURE Miss J. E. Brown		25. FUNERAL DIRECTOR'S SIGNATURE Everett J. Cheatham	
		ADDRESS					

Licensed Embalmer's Statement on Reverse Side

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

DIVISION OF HEALTH OF MO.
District No. 5 - Springfield

RECEIVED AUG 21 1951

Dist. File 851-1567

Date Filed 8-28-51

OCT 20 1951

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.

Signed.....
Student Embalmer

Student Embalmer No.

Signed

Everett J. Cheatham

Licensed Embalmer No. 3878

P. O. Address Halena 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.