

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **32532**

FILED OCT 19 1951

BIRTH NO. _____ REG. DIST. NO. **27** PRIMARY REG. DIST. NO. **5094** Registrar's No. **101**

1. PLACE OF DEATH a. COUNTY Bates		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY Bates	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural - Mt Pleasant		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Mt Pleasant	
d. FULL NAME OF HOSPITAL OR INSTITUTION R.F.D 3 Butler		d. STREET ADDRESS (If rural, give location) R.F.D. 3 Butler 0070	

3. NAME OF DECEASED (Type or Print) a. (First) Robert b. (Middle) Bruce c. (Last) Rich			4. DATE OF DEATH (Month) (Day) (Year) 10-5-1951
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 6-20-1924	9. AGE (In years last birthday) 27 Months 3 Days 15	IF UNDER 1 YEAR Hours _____ Min. _____	IF UNDER 24 HRS. 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) Missouri		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Thomas L. Rich	13b. MOTHER'S MAIDEN NAME Jessie Rhinehart	14. NAME OF HUSBAND OR WIFE Maxine Rich
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year of discharge or service) Yes WW II	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME Maxine Rich ADDRESS R.F.D. Butler Mo.
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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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Skull fracture		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) fracture neck + Pelvis. DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. E9121			

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) Accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) farm	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Butler Bates Mo.
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) Oct 5 1951 7:30 PM	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? Narrowing Canyon with Tractor
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22. I hereby certify that I attended the deceased from _____, 19____, to **Oct 7, 1951**, that I last saw the deceased alive on _____, 19____, and that death occurred at **7:30 PM**, from the causes and on the date stated above.

22a. SIGNATURE Carles W. Luter MD (Degree or title)	23b. ADDRESS Butler Mo	23c. DATE SIGNED 10/8/51
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 10-7-1951	24c. NAME OF CEMETERY OR CREMATORY Oak Hill Cemetery	24d. LOCATION (City, town, or county) (State) Butler, Mo.
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DATE REC'D BY LOCAL REG. Oct 8-1951	REGISTRAR'S SIGNATURE Randall King	25. FUNERAL DIRECTOR'S SIGNATURE Calvin Underwood ADDRESS Butler, Mo
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(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED OCT 18 1951

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed OCT 18 1951

REG 64 1207

NOV 1 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.

Student Embalmer No.

Signed.....
Student Embalmer:

Signed Robert G. Steinbeck

Licensed Embalmer No. 4657

P. O. Address Butler, 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.