

0470

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

FILED NOV 6 1957

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **33409**

BIRTH NO. _____		REG. DIST. NO. <u>145</u>		PRIMARY REG. DIST. NO. <u>5566</u>		Registrar's No. <u>37</u>		
1. PLACE OF DEATH a. COUNTY Iron				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri COUNTY Iron				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural, Iron Twp.			c. LENGTH OF STAY (If in place) 115		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural, Iron Twp. 0470			
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 7 mi. S.W. of Belleview				d. STREET ADDRESS (If rural, give location) 7 mi. S. W. of Belleview				
3. NAME OF DECEASED (Type or Print) a. (First) ELISANA		b. (Middle)		c. (Last) RICH		4. DATE OF DEATH (Month) (Day) (Year) Oct. 29 1957		
5. SEX fem		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed ✓		8. DATE OF BIRTH Dec. 29 1886		
9. AGE (In years, Months, Days) 64		IF UNDER 1 YEAR 10		IF UNDER 2 HOURS 0		IF UNDER 24 HOURS 0		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) at home			10b. KIND OF BUSINESS OR INDUSTRY own home		11. BIRTHPLACE (State or foreign country) Iron Co. Mo.		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME James Womble			13b. MOTHER'S MAIDEN NAME Margaret Hurt			14. NAME OF HUSBAND OR WIFE Bartley Rich		
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. no		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. F. A. Moyer, Pilot Knob Mo.				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CIRRHOSIS OF THE LIVER ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertensive Cardiovascular Disease 4-5 years 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 year	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 443X					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) (Min)		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 <u>October 28, 1957</u> , to <u>October 29, 1957</u> , that I last saw the deceased alive on <u>October 28, 1957</u> , and that death occurred at <u>1.00P</u> m., from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) Edward L. Ladd, Jr. D.O.				23b. ADDRESS Potosi, Mo.		23c. DATE SIGNED Nov. 1, 1957		
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE 10-31-57		24c. NAME OF CEMETERY OR CREMATORY Fitzgerald Cem.		24d. LOCATION (City, town, or county) (State) Middlebrook Mo.		
DATE REC'D BY LOCAL REG. Nov 3 - 1957		REGISTRAR'S SIGNATURE Mrs. Elizabeth Logan		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS White Funeral Home, Ironton Mo.				

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DISTRICT HEALTH OFFICE No. 6

File No.....

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.....

Annel J. White

Licensed Embalmer No.

3012

P. O. Address.....

Smiths Kee

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.