

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

42163

State File No.

FILED JAN 7 1952

BIRTH NO. _____ REG. DIST. NO. 382 PRIMARY REG. DIST. NO. 5655 Registrar's No. 151

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

1. PLACE OF DEATH a. COUNTY Lawrence		2. USUAL RESIDENCE (Where deceased lived. If Institution: residence before death) a. STATE Missouri b. COUNTY Pemiscott	
b. CITY (If outside corporate limits, write RURAL and give township) Mt. Vernon		c. CITY (If outside corporate limits, write RURAL and give township) Steele	
c. LENGTH OF STAY (In this place) 135 days		c. CITY (If outside corporate limits, write RURAL and give township) Steele	
d. FULL NAME OF HOSPITAL OR INSTITUTION Mo. State Sanatorium		d. STREET ADDRESS (If rural, give location) /	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) Mary	b. (Middle)	c. (Last) Richard	(Month) 12	(Day) -22-	(Year) 51

5. SEX F	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Aug. 20-1899	9. AGE (In years last birthday) 52	IF UNDER 21 YEARS	IF UNDER 12 HRS.
					Months	Days

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY Housewife	11. BIRTHPLACE (State or foreign country) Louisiana /	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Joe Williams	13b. MOTHER'S MAIDEN NAME Tilda Anderson	14. NAME OF HUSBAND OR WIFE Charlie Richard
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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)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME Ruby Ann Wilson, Mt. Vernon, Mo.	ADDRESS
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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) Pulmonary Tuberculosis		
	ANTECEDENT CAUSES Morbidity 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.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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)
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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?
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22. I hereby certify that I attended the deceased from Aug. 3, 1951, to Dec. 22, 1951, that I last saw the deceased alive on Dec. 22, 1951, and that death occurred at 7:30a m., from the causes and on the date stated above.

23a. SIGNATURE C. A. Bussler M.D.	(Degree or title)	23b. ADDRESS Mt. Vernon, Missouri	23c. DATE SIGNED 12-22-51
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removed	24b. DATE 12-22-51	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State) Steele Missouri
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DATE REC'D BY LOCAL REG. 12-22-51	REGISTRAR'S SIGNATURE Cecil Henderson	25. FUNERAL DIRECTOR'S SIGNATURE Max J. Forester	ADDRESS Mt. Vernon, Mo.
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DEPT. OF HEALTH OF MO.
No. 5 - Springfield

DEC 28 1951

Dist. File

Date filed

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 *Max L. Fossett*

Licensed Embalmer No. *4252*

P. O. Address *McVernon, Mo*

- Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.