

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4342

State File No.

LED MAR 10 1952

242

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

BIRTH NO. _____ REG. DIST. NO. 71 PRIMARY REG. DIST. NO. 3012 Registrar's No. 30

1. PLACE OF DEATH a. COUNTY <u>Clay</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Clay</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Excelsior Springs, Mo.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Excelsior Springs</u>	
c. LENGTH OF STAY (If this place) <u>9 days</u>		d. STREET ADDRESS (If rural, give location) <u>220 West Excelsior Street</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Veterans Administration Hosp. Excelsior Springs, Missouri</u>			
3. NAME OF DECEASED a. (First) <u>Watson</u> b. (Middle) <u>F.</u> c. (Last) <u>Richey</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>FEB 20 '52</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>October 25, 1896</u>
9. AGE (In years last birthday) <u>55</u>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>laborer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Dairy farm</u>	11. BIRTHPLACE (State or foreign country) <u>Burlington Junction, Missouri</u>
12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>		13a. FATHER'S NAME <u>Joseph Lee Richey</u>	
13b. MOTHER'S MAIDEN NAME <u>Mary Nora Thomas</u>		14. NAME OF HUSBAND OR WIFE <u>Dorothy Richey</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>491092907</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Hospital Records, Veterans Administration Hospital, Excelsior Springs, Missouri</u>			
17. ADDRESS <u>Hospital, Excelsior Springs, Missouri</u>			
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, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>PORTAL CIRRHOSIS</u> INTERVAL BETWEEN ONSET AND DEATH <u>UNKNOWN</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>5810</u>		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 <u>VA</u> attended the deceased from <u>Feb. 12, 1952</u> , to <u>Feb 20, 1952</u> , and that death occurred at <u>10:40 P.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Robert S. Jones M.D.</u> (Deaf or Blind)		23b. ADDRESS <u>Excelsior Springs, Missouri</u>	23c. DATE SIGNED <u>Feb 20, 1952</u>
24a. BURIAL—CREMATION, REMOVAL (Specify) _____	24b. DATE <u>2/21/52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Ohio Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Burlington Junction, Mo.</u>
DATE REC'D BY LOCAL REG. <u>2/21/52</u>	REGISTRAR'S SIGNATURE <u>Caroline Hutchings</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Price Funeral Home Margoille Mo.</u> ADDRESS _____	

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 John W. Price

Licensed Embalmer No. 4281

P. O. Address Marion, Okla. 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.