

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **19917**

FILED JUN 21 1952

BIRTH NO. _____ REG. DIST. NO. **77** PRIMARY REG. DIST. NO. **5303** Registrar's No. **143**

0260
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY COLE <i>Jefferson Presp.</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY COLE <i>0260</i>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN JEFFERSON CITY, MO.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN HY. 54 SOUTH 0	
c. LENGTH OF STAY (In this place) 3 MO		d. STREET ADDRESS (If rural, give location) Jefferson City	
d. FULL NAME OF HOSPITAL OR INSTITUTION HY 54 SOUTH			

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)		
a. (First) MARY	b. (Middle)	c. (Last) RICHTER	JUNE 16, 1952		

5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED 2	8. DATE OF BIRTH JUNE 15, 1864	9. AGE (In years last birthday) 88	IF UNDER 1 YEAR Months 0	IF UNDER 24 HRS. Days 1	Hour 1	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) NEW YORK, N.Y. 1	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME DAVID LOEB	13b. MOTHER'S MAIDEN NAME ELIZABETH HEFLEY	14. NAME OF HUSBAND OR WIFE HENRY RICHTER
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO	16. SOCIAL SECURITY NO. NONE	17. INFORMANT'S SIGNATURE OR NAME JULIUS RICHTER J. C. 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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH years
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial infarction heart disease		
	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.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 443X	20. AUTOPSY? YES <input 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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	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 **12/24, 1951** to **6/17, 1952**, that I last saw the deceased alive on **6/17, 1952**, and that death occurred at **3:30 A.M.** from the causes and on the date stated above.

23a. SIGNATURE <i>Arnold Fisher M.D.</i> (Degree or title)	23b. ADDRESS <i>Jefferson City Mo</i>	23c. DATE SIGNED 6/17/52
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24a. BURIAL CREMATION REMOVAL (Specify) BURIAL	24b. DATE JUNE 19, 1952	24c. NAME OF CEMETERY OR CREMATORY RESURRECTION CEMETERY	24d. LOCATION (City, town, or county) (State) JEFFERSON CITY, MO.
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DATE REC'D BY LOCAL REG. June 18-1952	REGISTRAR'S SIGNATURE <i>R.P. Harris M.D.</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>Sylvester Dulle</i>	ADDRESS J. C. MO.
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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 Sybilster Dulle

Licensed Embalmer No. 4321

P. O. Address Jefferson City 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.