

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **23930**

FILED AUG 7 1952

BIRTH NO. _____ REG. DIST. NO. 71 PRIMARY REG. DIST. NO. 3012 Registrar's No. 187

5242
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY Clay			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Clay		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Excelsior Springs		c. LENGTH OF STAY (in this place) 5 1/2 yrs	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Excelsior Springs		0242
d. FULL NAME OF HOSPITAL OR INSTITUTION 503 Benton Street			d. STREET ADDRESS (If rural, give location) 503 Benton Street		
3. NAME OF DECEASED (Type or Print) a. (First) William b. (Middle) E. c. (Last) Richard			4. DATE OF DEATH (Month) (Day) (Year) June 30, 1952		
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH May 11, 1874	9. AGE (in years last birthday) 78	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Merchant		10b. KIND OF BUSINESS OR INDUSTRY Gamble Store		11. BIRTHPLACE (City and State or Foreign Country) Iowa	
13a. FATHER'S NAME William Richard		13b. MOTHER'S MAIDEN NAME Jennie Berger		14. NAME OF HUSBAND OR WIFE Florence Richard	
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. none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Florence Richard, 503 Benton St. Excelsior Springs, Mo.	
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Liver 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 1561		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 I attended the deceased from <u>6/15</u> 19 <u>52</u> to <u>6/30</u> 19 <u>52</u> , that I last saw the deceased alive on <u>6/20</u> 19 <u>52</u> and that death occurred at <u>1:30 P.M.</u> from the causes and on the date stated above.					
23a. SIGNATURE <i>Dr. M. G. ...</i>			23b. ADDRESS Excelsior Springs, Mo.		23c. DATE SIGNED 7/1/52
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE 6-30-52	24c. NAME OF CEMETERY OR CREMATORY Unknown		24d. LOCATION (City, town, or county) (State) Lenox, Iowa
DATE REC'D BY LOCAL REG. 7/10/52		REGISTRAR'S SIGNATURE <i>Caroline Hutchings</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>Claude Richard, Excelsior Springs, Mo.</i>	

SEP 8 1955

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. 4579

working under my personal supervision.

Student John J. Evans
Student Embalmer

Signed Lindell K. Jarman

Licensed Embalmer No. 4589

P. O. Address Excelsior Springs, 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.