

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34496

State File No.

OCT 18 1952

BIRTH NO. REG. DIST. NO. 72 PRIMARY REG. DIST. NO. 4134 Registrar's No. 76

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4087

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

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>Smithville</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Oakwood Addition N.K.C.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>Smithville Community</u>		d. STREET ADDRESS (If rural, give location) <u>Oakwood Addition, N.K.C.</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Emerson</u> b. (Middle) <u>R</u> c. (Last) <u>RICH</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>October 12, 1952</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>3-4-1880</u>
9. AGE (In years last birthday) <u>72</u>		IF UNDER 1 YEAR Months <u>7</u> Days <u>8</u>	IF UNDER 24 HRS. Hours <u>8</u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Salesman</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Kaufman-Haith & Co. Wh. Shoe Co.</u>	11. BIRTHPLACE (State or foreign country) <u>Iowa</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>Edwin Rich</u>		13b. MOTHER'S MAIDEN NAME <u>Lucina Lawrence</u>	14. NAME OF HUSBAND OR WIFE <u>Belle H. Rich</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>?</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Belle H. Rich</u> ADDRESS <u>N.C.K. Mo.</u>
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.			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Ulcerative entero-colitis</u>			INTERVAL BETWEEN ONSET AND DEATH <u>4 mos</u>
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. <u>Arteriosclerotic Heart Disease</u>			<u>10 yrs</u>
19a. DATE OF OPERATION <u>8-21-52</u>	19b. MAJOR FINDINGS OF OPERATION <u>Ulcerative colitis and enteritis</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 I attended the deceased from <u>July 24, 1952</u> , to <u>Oct. 12, 1952</u> , that I last saw the deceased alive on <u>Oct 12, 1952</u> , and that death occurred at <u>8:25 Pm.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>[Signature]</u> (Degree or title)		23b. ADDRESS <u>Smithville, Missouri</u>	23c. DATE SIGNED <u>10-12-52</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>10-12-1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Hope Cemetery</u>	24d. LOCATION (City; town; or county) (State) <u>Kansas City, Kansas</u>
DATE REC'D BY LOCAL REG. <u>10-12-1952</u>	REGISTRAR'S SIGNATURE <u>[Signature]</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u> ADDRESS <u>Floral Hills Chapels, K.C., Kansas</u>	

OCT 21 1952

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

D. Ross Blanford

Licensed Embalmer No. *4015*

P. O. Address *K C K*

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.