S. No. 300
v. 10.48

FILED MAR 3 - 1953

THE DIVISION OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

State File No. 5365

BIRTH NO. _____ REG. DIST. NO. 114 PRIMARY REG. DIST. NO. 4186 Registrar's No. 13

0361

**1. PLACE OF DEATH**
a. COUNTY: FRANKLIN
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): SULLIVAN
c. LENGTH OF STAY (in this place): 8 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 49 EAST VINE

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: MO. b. COUNTY: FRANKLIN
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): SULLIVAN 0361
d. STREET ADDRESS (If rural, give location): 49 EAST VINE

**3. NAME OF DECEASED** (Type or Print) a. (First) b. (Middle) c. (Last): AUGUST HENRY RICHARDS

**4. DATE OF DEATH** (Month) (Day) (Year): FEB. 25 1953

**5. SEX**: M 0
**6. COLOR OR RACE**: W
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): MARRIED
**8. DATE OF BIRTH**: 9-30-1875
**9. AGE** (In years last birthday): 77 — If under 1 year: Months 2, Days 25 — If under 24 hrs.: Hours, Min.

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): Lab
**10b. KIND OF BUSINESS OR INDUSTRY**: FARMER
**11. BIRTHPLACE** (City and State or Foreign Country): BOURBON MO. 0
**12. CITIZEN OF WHAT COUNTRY?**: U. S. Ar.

**13a. FATHER'S NAME**: JOHN RICHARDS
**13b. MOTHER'S MAIDEN NAME**: ELLEN SIMPSON
**14. NAME OF HUSBAND OR WIFE**: MARGARET

**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.**: —
**17. INFORMANT'S SIGNATURE OR NAME**: MRS A.H.RICHARDS — ADDRESS: SULLIVAN 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, asthenia, etc. It means the disease, injury, or complication which caused death.*

**MEDICAL CERTIFICATION**

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 30 min.

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): Arteriosclerotic changes — years
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*: Angina Pectoris — 1 year

**19a. DATE OF OPERATION**
**19b. MAJOR FINDINGS OF OPERATION**: 4201
**20. AUTOPSY?** YES ☐ NO ☒

**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 ☐ NOT WHILE AT WORK ☒
**21f. HOW DID INJURY OCCUR?**: —

22. *I hereby certify that I attended the deceased from* 2/15/53, 19___, *to* 2/25/53, 19___, *that I last saw the deceased alive on* 2/25/53, 19___, *and that death occurred at* 4:00 P.m., *from the causes and on the date stated above.*

**23a. SIGNATURE** (Degree or title): Simil F. Andreassen M.D.
**23b. ADDRESS**: Sullivan, Mo.
**23c. DATE SIGNED**: 2/26/53

**24a. BURIAL, CREMATION, REMOVAL** (Specify)
**24b. DATE**: 2-28-53
**24c. NAME OF CEMETERY OR CREMATORY**: I.O.F.
**24d. LOCATION** (City, town, or county) (State): Sullivan MO

**DATE REC'D BY LOCAL REG.**: 2-27-53
**REGISTRAR'S SIGNATURE**: C. Newton 97
**25. FUNERAL DIRECTOR'S SIGNATURE**: Thos. P. Thoffer — ADDRESS: Sullivan Mo

(Licensed Embalmer's Statement on Reverse Side)

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

## 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 me

..... Student Embalmer No. .....,

working under my personal supervision.

Student .....
Student Embalmer

Signed Paul F. Knollenberg

Licensed Embalmer No. E 2631

P. O. Address Sullivan 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.