S. No. 300
v. 10.48

XC-Unknown
RN-4045
FILED APR 20 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 13411

BIRTH NO. _____ REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 3007 Registrar's No. 167

1124

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

1. PLACE OF DEATH
a. COUNTY: Butler
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Poplar Bluff
c. LENGTH OF STAY (in this place): 4
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): VAH, Poplar Bluff, Mo.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Washington
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Potosi 1100
d. STREET ADDRESS (If rural, give location): Route #2 1

3. NAME OF DECEASED (Type or Print)
a. (First): WILLIAM
b. (Middle): F.
c. (Last): RICHARDS

4. DATE OF DEATH (Month) (Day) (Year): April 17, 1953

5. SEX: Male 0
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced 3
8. DATE OF BIRTH: June 17, 1927
9. AGE (In years last birthday): 25 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and State or Foreign Country): Shirley, Missouri 0
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: William Richards, Sr.
13b. MOTHER'S MAIDEN NAME: Minnie Morgan
14. NAME OF HUSBAND OR WIFE: Does not apply

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): PL-28
16. SOCIAL SECURITY NO.: Unknown
17. INFORMANT'S SIGNATURE OR NAME / ADDRESS: VA Hospital Records, Poplar Bluff, 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

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Uncal herniation	12 hrs.
ANTECEDENT CAUSES — Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Cerebral laceration & edema	6 days
DUE TO (c)	Compound fracture of skull	6 days
II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death.	Multiple contusion & brush burn	6 days

19a. DATE OF OPERATION: 4-16-53
19b. MAJOR FINDINGS OF OPERATION: Emergency tracheotomy 110
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Unknown
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Unknown
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): April 10, 1953 m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: Automobile accident

22. *I hereby certify that I attended the deceased from* April 13, 1953, *to* April 17, 1953, ~~[illegible]~~ *and that death occurred at* 12:55 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): A. Y. DeLANEY, M.D., Chief Surgeon 0
23b. ADDRESS: VAH, Poplar Bluff, Missouri
23c. DATE SIGNED: 4-17-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 4-19-53
24c. NAME OF CEMETERY OR CREMATORY: Potosi Masonic
24d. LOCATION (City, town, or county) (State): Potosi Mo

DATE REC'D BY LOCAL REG.: 4-13-53
REGISTRAR'S SIGNATURE: R H Mueller
25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS: Mrs. Luther Sparks

(Licensed Embalmer's Statement on Reverse Side)

OCT 24 1982

SEP 24 1964

MAY 22 1953

JUL 27 1959

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 Donald L. Roberts

Licensed Embalmer No. 4722

P. O. Address Potosi 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.