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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

28153

State File No.

FILED AUG 24 1953

BIRTH NO. _____ REG. DIST. NO. 86 PRIMARY REG. DIST. NO. 5328 Registrar's No. 9-1953

1. PLACE OF DEATH a. COUNTY <u>Crawford</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Crawford</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Bourbon "Rural" Liberty</u>	c. LENGTH OF STAY (In this place) <u>LIFE</u>	c. CITY OR TOWN <u>Bourbon</u>	d. Is Residence within limits of a city of incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home</u>		e. STREET ADDRESS (If rural, give location) <u>8 mi S. E. of Bourbon on State Rt.</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>William</u>	b. (Middle) <u>LEE</u>	c. (Last) <u>Richards</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>8 - 19 - 1953</u>
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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>JAN 25 1880</u>	9. AGE (In years last birthday) <u>73</u>	IF UNDER 1 YEAR Months <u>0</u> Days <u>24</u>	IF UNDER 4 HRS. Hours <u>✓</u> Min. <u>✓</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Retired</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Bourbon Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>John Richards</u>	13b. MOTHER'S MAIDEN NAME <u>Ellen Wilson</u>	14. NAME OF DECEASED'S WIFE <u>Elsie Wymers</u>
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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.	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Elsie Richards</u>	ADDRESS <u>Bourbon Mo.</u>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>2 yrs.</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of Prostate Gland</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.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>177 X</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 5-28, 1953, to 8-19, 1953, that I last saw the deceased alive on 8-19, 1953 and that death occurred at 12:10 PM., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Richard K. Scott D.O.</u>	23b. ADDRESS <u>Bourbon</u>	23c. DATE SIGNED <u>8-20-53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>AUG 21-1953</u>	24c. NAME OF CEMETERY <u>Cross Roads</u>	24d. LOCATION (City, town, or county) (State) <u>Leasburg MO</u>
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DATE REC'D BY LOCAL REG. <u>Aug 20, 1953</u>	REGISTRAR'S SIGNATURE <u>W. C. Davis, Deputy Registrar</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Harmon C. Hoener</u>	ADDRESS <u>Cuba, MO</u>
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(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, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No. 467

P. O. Address Cuba, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.