

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1491

State File No.

435

BIRTH NO. FILED FEB 11 1954 REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No.

1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>JACKSON</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY</u>	
c. LENGTH OF STAY (in this place) <u>2 YEARS</u>		d. STREET ADDRESS (If rural, give location) <u>235 WARD PARKWAY</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST. LUKE'S HOSPITAL</u>		3728	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>LARZ</u>	b. (Middle)	c. (Last) <u>ANDERSON Richards</u>	4. DATE OF DEATH (Month) (Day) (Year)
				<u>JANUARY 27 1954</u>

5. SEX <u>♂</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>APRIL 27, 1899</u>	9. AGE (In years last birthday) <u>64</u>	IF UNDER 1 YEAR Months	IF UNDER 6 HRS. Hours	IF UNDER 15 MINS. Mins.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>MANAGER</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>M.R. WESTINGHOUSE</u>	11. BIRTHPLACE (State or foreign country) <u>MADISON, OHIO</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>WRIGHT RICHARDS</u>	13b. MOTHER'S MAIDEN NAME <u>ALICE UNKNOWN</u>	14. NAME OF HUSBAND OR WIFE <u>SYLVIA RICHARDS</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. <u>105-09-5186</u>	17. INFORMANT'S SIGNATURE OR NAME <u>MRS. SYLVIA RICHARDS</u>	ADDRESS <u>235 WARD PARKWAY, K.C. 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, ashenia, 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) <u>Generalized peritonitis + shock</u>		<u>10 hrs</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Perforated gastric ulcer</u>		<u>10 hrs</u>
DUE TO (c) <u>massive carcinoma Rt lung with metastasis</u>		<u>6 mo</u>	
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	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
		<u>5401</u>

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) (Min.)	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 September 20, 1953, to 11/27/54, 1954, that I last saw the deceased alive on 1/27, 1954, and that death occurred at 1:30 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>James A. Jarvis</u> (Degree or title)	23b. ADDRESS <u>Kansas City, Mo.</u>	23c. DATE SIGNED <u>1/27/54</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>	24b. DATE <u>JAN. 27, 1954</u>	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State) <u>BUFFALO NEW YORK</u>
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DATE REC'D BY LOCAL REG <u>1-27-54</u>	REGISTRAR'S SIGNATURE <u>Geraldine Smith</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>J. H. Nearcomes, Son</u>	ADDRESS <u>Kansas City, Mo.</u>
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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
Student Embalmer

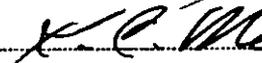
Signed.....



Licensed Embalmer No.....

4849

P. O. Address.....



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.