

No. 300
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22227-53 THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 8898

FILED MAR 31 1954 REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 1104

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN Kansas City	c. LENGTH OF STAY (In this place) life	c. CITY (If outside corporate limits, write RURAL and give township) Kansas City	
d. FULL NAME OF HOSPITAL OR INSTITUTION Northeast Hosp.		d. STREET ADDRESS (If rural, give location) 430 No Belmont	

3. NAME OF DECEASED (Type or Print) a. (First) EARL b. (Middle) William c. (Last) RICHARDS			4. DATE OF DEATH (Month) (Day) (Year) 3-11-54		
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, SINGLE single	8. DATE OF BIRTH 4/8/53	9. AGE (In years last birthday) 11	IF UNDER 1 YEAR Days 3
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) no		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Kansas City, Mo.	
12. CITIZEN OF WHAT COUNTRY? U. S.					

13a. FATHER'S NAME John W. Richards		13b. MOTHER'S MAIDEN NAME Vanda Farmer		14. NAME OF HUSBAND OR WIFE no	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. no	17. INFORMANT'S SIGNATURE OR NAME ADDRESS John W. Richards, 430 No Belmont			
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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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchopneumonia			INTERVAL BETWEEN ONSET AND DEATH 1 day
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) Bronchial asthma			2 days
		DUE TO (c) Acute bronchitis			4 days
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					500X

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	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) m.	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 March 9, 1954, to March 11, 1954, that I last saw the deceased alive on March 11, 1954, and that death occurred at 7:45 A.M., from the causes and on the date stated above.

23a. SIGNATURE Glenn W. Springer (Degree or title) D.O.		23b. ADDRESS 5902 St. John ave. Kansas City, Mo.		23c. DATE SIGNED March 11, 1954	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 3/13/54	24c. NAME OF CEMETERY OR CREMATORY Lathrop	24d. LOCATION (City, town, or county) (State) Lathrop, Mo.		
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DATE REC'D BY LOCAL REG. 3-11-54	REGISTRAR'S SIGNATURE Geraldine Smith	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS John P. Sheil, K. C. Mo.			
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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
Student Embalmer

Signed

John P. Shuff

Licensed Embalmer No. 3625

P. O. Address K C 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.