

FILED APR 29 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 12704

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 3043 Registrar's No. 116

1. PLACE OF DEATH a. COUNTY <u>MARION</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO.</u> b. COUNTY <u>MARION</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>HANNIBAL</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>HANNIBAL</u>	
c. LENGTH OF STAY (In this place) <u>1 DAY</u>		d. STREET ADDRESS (If rural, give location) <u>3301 MARKET</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>LEVERING HOSPITAL</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>DIXIE</u> b. (Middle) <u>ROBERT</u> c. (Last) <u>RICHMOND</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>4-22-54</u>		
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>SINGLE</u>	
8. DATE OF BIRTH <u>AUG 15, 1877</u>		9. AGE (In years last birthday) <u>77</u>		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) <u>SALES MANAGER (R)</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>HANNIBAL, MO</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>					

13a. FATHER'S NAME <u>JOEL C. RICHMOND</u>		13b. MOTHER'S MAIDEN NAME <u>NELLIE K. GARY</u>		14. NAME OF HUSBAND OR WIFE <u>NEVER MARRIED</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <u>NO</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Wm Lee Jr. Hannibal, Mo</u> ADDRESS _____	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH <u>3-4 days</u>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>cerebral hemorrhage</u>		DUPLICATE OF (a) _____				
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES				
		Morbidity 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 _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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) <u>331X</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) _____		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 4/19/1954, to 4/22/1954, that I last saw the deceased alive on 4/22/1954, and that death occurred at 10:55 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>J. B. Hilton M.D.</u> (Degree or title)		23b. ADDRESS <u>500 Broadway, Hannibal, Mo.</u>		23c. DATE SIGNED <u>4/23/54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>4-24-54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>MT. OLIVET CEM.</u>	
24d. LOCATION (City, town, or county) (State) <u>HANNIBAL, MO.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Ralph Clark Hannibal, Mo.</u>		ADDRESS _____	
DATE REC'D BY LOCAL REG. <u>4-23-54</u>		REGISTRAR'S SIGNATURE <u>Dr. E. M. Lucke By W. P. Fisher</u>		189-21	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY--USING BLACKINK--MAKE A PERMANENT RECORD

RECEIVED APR 28 1954  
MARION CO. HEALTH DEPT.  
DATE FILED APR 28 1954

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 \_\_\_\_\_

Ralph Clark  
working under my personal supervision.

Student Embalmer No. \_\_\_\_\_

Student .....  
Student Embalmer

Signed Ralph Clark

Licensed Embalmer No. 4217

P. O. Address Hammond, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.