

FILED APR 19 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5809 State File No. 12767

BIRTH NO. _____		REG. DIST. NO. <u>229</u>		PRIMARY REG. DIST. NO. <u>5809</u>		Registrar's No. <u>57</u>		
1. PLACE OF DEATH a. COUNTY <u>Montgomery</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Montgomery</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Danville Twn</u>		c. LENGTH OF STAY (in this place) <u>10 yr</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>New Florence Mo</u>		<u>0700</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home</u>				d. STREET ADDRESS (If rural, give location) <u>none</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>Irma</u> b. (Middle) <u>R</u> c. (Last) <u>Rich</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>4-13-54</u>					
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>3-7-1884</u>		
9. AGE (In years last birthday) <u>70</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 1 HR. Hours _____ Min. _____				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Home</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>House Work</u>		11. BIRTHPLACE (State or foreign country) <u>Louisville Ky</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	
13a. FATHER'S NAME <u>Joseph O Neil</u>			13b. MOTHER'S MAIDEN NAME <u>Rizpath Hudson</u>			14. NAME OF HUSBAND OR WIFE <u>Auther Rich " Deceased</u>		
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>494226-3665</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Richard Parker</u> ADDRESS <u>New Florence Mo</u>				
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Coronary Occlusion</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>GENERALIZED ARTERIO SCLEROSIS</u> DUE TO (c) <u>DIABETES MELLITUS</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH <u>36 HOURS</u> <u>10 YEARS</u> <u>5 YEARS</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____					20. AUTOPSY? <u>260X</u> YES <input type="checkbox"/> NO <input 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) _____				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		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 <u>APRIL 13, 1954</u> to <u>APRIL 13, 1954</u> , that I last saw the deceased alive on <u>APRIL 13, 1954</u> , and that death occurred at <u>11:20 P. M.</u> , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>Wm. A. Risdale M.D.</u>				23b. ADDRESS <u>Montgomery City, Mo</u>		23c. DATE SIGNED <u>4-14-54</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>4-17-54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Medora Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Medora Ill</u>		
DATE REC'D BY LOCAL REG. <u>4-15-54</u>		REGISTRAR'S SIGNATURE <u>James O. Helms</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Wm. A. Risdale</u> ADDRESS <u>Montgomery City Mo</u>				

(Licensed Embalmer's Statement on Reverse Side)

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

STATEMENT BY LICENSED EMBALMER

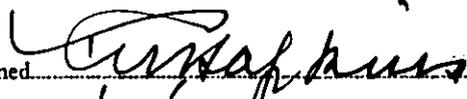
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, XCB on the 1
day of April 1954

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed _____



Licensed Embalmer No. I487

P. O. Address Montgomery City 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.