

FILED SEP 7 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

27641

State File No. \_\_\_\_\_

3950

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>		
b. CITY (If outside corporate limits, write RURAL and give township) <b>Kansas City</b>		c. LENGTH OF STAY (in this place) <b>30 Years</b>	c. CITY OR TOWN <b>Kansas City</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Luke's Hospital</b>			e. STREET ADDRESS (If rural, give location) <b>86 6532 Linden Road</b>		<b>2868</b> D
3. NAME OF DECEASED (Type or Print) a. (First) <b>ALEXANDER</b> b. (Middle) <b>S.</b> c. (Last) <b>RICHARDS</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>August 12, 1954</b>		
5. SEX <input checked="" type="checkbox"/> Male	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>December 28, 1902</b>		9. AGE (In years last birthday) <b>51</b> IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Mins.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Manufacturer's Agent</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Furniture</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Carl Junction, Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>
13a. FATHER'S NAME <b>Alexander S. Richards, Sr.</b>		13b. MOTHER'S MAIDEN NAME <b>Vinnie Stiers</b>		14. NAME OF HUSBAND OR WIFE <b>Mrs. Lucile Richards</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <b>495-05-0989</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. Lucile Richards, 6532 Linden Road</b>			
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Progressive Muscular Atrophy</b> INTERVAL BETWEEN ONSET AND DEATH <b>2 years</b> ANTECEDENT CAUSES <b>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</b> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <b>Healed Myocardial Infarct</b> Disease.		
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input checked="" 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>June 1953</u> , to <u>8-12</u> , 1954, that I last saw the deceased alive on <u>8-12</u> , 1954, and that death occurred at <u>9:15</u> a.m., from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <b>Arnold V. Adams, M.D.</b>			23b. ADDRESS <b>462 Wyandotte City, Mo.</b>		23c. DATE SIGNED <b>8-13-54</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>8-14-54</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Mt. Moriah</b>	24d. LOCATION (City, town, or county) (State) <b>Kansas City, Missouri</b>		
DATE REC'D BY LOCAL REG. <b>8-14-54</b>	REGISTRAR'S SIGNATURE <b>Dealding Smith</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Freeman Mortuary Kansas City, Mo.</b>		

WRITE PLAINLY—USING UNFAADING BLACK INK—MAKE A PERMANENT RECORD  
AROLD V. ADAMS, M.D.

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Finkley

also see

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 *Clayton Barnes*.....

Licensed Embalmer No. *479*.....

P. O. Address *F.C. Me*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.