

FILED MAY 9 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 11085

BIRTH NO. _____		REG. DIST. NO. 42		PRIMARY REG. DIST. NO. 1000		Registrar's No. 455						
1. PLACE OF DEATH a. COUNTY Buchanan				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Buchanan								
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph		c. LENGTH OF STAY (in this place) over 50 yr		c. CITY OR TOWN St. Joseph		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: Hovey Nursing Home 723 South 11th Street				e. STREET ADDRESS (If rural, give location) 2915 North 8th Street								
3. NAME OF DECEASED (Type or Print) a. (First) FLORA			b. (Middle) MARGARET		c. (Last) RICH		4. DATE OF DEATH (Month) (Day) (Year) April 25 1955					
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH Oct. 29, 1861		9. AGE (In years last birthday) 93 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) At Home			10b. KIND OF BUSINESS OR INDUSTRY Home		11. BIRTHPLACE (City and State or Foreign Country) Springfield, Indiana		12. CITIZEN OF WHAT COUNTRY? U S A					
13a. FATHER'S NAME Granville Whisenand			13b. MOTHER'S MAIDEN NAME Louisa Locke			14. NAME OF HUSBAND OR WIFE Harry E. Rich (Deceased)						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No			16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Berl Rich Conway, Missouri							
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) Multiple Cerebral Hemorrhages with right Hemiplegia. ANTECEDENT CAUSES DUE TO (b) Generalized Arteriosclerosis DUE TO (c) Senile Dementia II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						INTERVAL BETWEEN ONSET AND DEATH 1 month Unk. Unk.				
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)		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 3/29, 1955, to 4/25, 1955, that I last saw the deceased alive on 4/24, 1955, and that death occurred at 10:25P m., from the causes and on the date stated above.												
23a. SIGNATURE H. F. Mundy (Degree or title) M.D.				23b. ADDRESS 2801 Sacramento St. Joseph, Missouri				23c. DATE SIGNED 4/26/55				
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Apr. 28, 1955		24c. NAME OF CEMETERY OR CREMATORY Ashland Cemetery		24d. LOCATION (City, town, or county) (State) St. Joseph, Missouri						
DATE REC'D BY LOCAL REG. May 5, 1955		REGISTRAR'S SIGNATURE Esther M. Allison				25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS St. James Funeral Home St. Joseph, Mo.						

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.....
Signature of Student Embalmer

Signed *Charles E. Bennett*.....

Licensed Embalmer No.....

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