

FILED MAY 24 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **15589**
2022

BIRTH NO. _____		REG. DIST. NO. 149		PRIMARY REG. DIST. NO. 1002		Registrar's No. 2022			
1. PLACE OF DEATH a. COUNTY JACKSON				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI				b. COUNTY JACKSON	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN KANSAS City)		c. LENGTH OF STAY (in this place) 63485		c. CITY OR TOWN KANSAS City		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 1820 EAST 82ND TERRACE				STREET ADDRESS (If rural, give location) 1820 EAST 82ND TERRACE 3RD					
3. NAME OF DECEASED (Type or Print) Ferdinand G. Richter			a. (First)		b. (Middle)		c. (Last)		
4. DATE OF DEATH MAY 6, 1955		(Month) (Day) (Year)							
5. SEX MALE		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH MARCH 3, 1890			
9. AGE (In years last birthday) 65		IF UNDER 1 YEAR Months Days		IF UNDER 1 WKS. Hours Min.					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Opp. HEAVY EQUIPMENT			10b. KIND OF BUSINESS OR INDUSTRY County Hwy. Dept			11. BIRTHPLACE (City and State or Foreign Country) JACKSON COUNTY, MISSOURI			
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Gus Richter		13b. MOTHER'S MAIDEN NAME Elizabeth Diibon		14. NAME OF HUSBAND OR WIFE LENA Richter			
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. 500-03-7474		17. INFORMANT'S SIGNATURE OR NAME MRS GERTRUDE M. HILL ADDRESS GRANDVIEW, MO.					
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) CORONARY OCCLUSION ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) CORONARY THROMBOSIS DUE TO (c) ARTERIOSCLEROSIS CORONARY II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. NONE					INTERVAL BETWEEN ONSET AND DEATH Sudden 2 yrs YEARS 4201		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? 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) m.		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 1953 , to MAY 6, 1955 , that I last saw the deceased alive MAY 6, 1955 , and that death occurred at 9:00a m. , from the causes and on the date stated above.									
23a. SIGNATURE S. David Henry (Degree or title)				23b. ADDRESS 1115 GRAND AVE		23c. DATE SIGNED 7 May 55			
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE MAY 10, 1955		24c. NAME OF CEMETERY OR CREMATORY MT. OLIVET CEMETERY		24d. LOCATION (City, town, or county) (State) KANSAS CITY MISSOURI			
DATE REC'D BY LOCAL REG. 5-9-55		REGISTRAR'S SIGNATURE Neva Minshel		25. FUNERAL DIRECTOR'S SIGNATURE D.W. NEWCOMER'S SONS ADDRESS 1331 BRUSH CREEK BLVD R.C. MO.					

(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.....
Signature of Student Embalmer

Signed *Jess T. News*.....

Licensed Embalmer No. *445*.....

P. O. Address *Texas*.....

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.