

FILED AUG 2 - 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 22642

BIRTH NO. _____ REG. DIST. NO. 160 PRIMARY REG. DIST. NO. 3049 Registrar's No. 52

1. PLACE OF DEATH a. COUNTY JEFFERSON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY BUTLER	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN CRYSTAL CITY MO.		c. CITY OR TOWN POPLAR BLUFF, MO.	
d. FULL NAME OF HOSPITAL OR INSTITUTION 707 Highway 61		e. STREET ADDRESS (If rural, give location) 120 NORTH C. ST. 0127	

3. NAME OF DECEASED (Type or Print) a. (First) RHANNA	b. (Middle) _____	c. (Last) RICHMOND	4. DATE OF DEATH (Month) (Day) (Year) July 18 1955
---	-------------------	---------------------------	--

5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH MAY 17, 1874	9. AGE (In years) (Months) (Days) (Hours) (Min.) 81
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE WIFE		10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (City and State or Foreign Country) IND.	12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME UNKNOWN	13b. MOTHER'S MAIDEN NAME NANCY WILLIAMS	14. NAME OF HUSBAND OR WIFE 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 MRS. PAUL ADAMS	ADDRESS CRYSTAL CITY, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage		3 days
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) myocarditis Chronic DUE TO (c) Arteriosclerosis		unk unk
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. = 4221			

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) _____	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 **7-16, 1955**, to **7-18, 1955**, that I last saw the deceased alive on **7-18, 1955** and that death occurred at **3:30 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE Styaskit MD (Degree or title)	23b. ADDRESS Festers Mo	23c. DATE SIGNED 7-20-55
---	--------------------------------	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 8/21/55	24c. NAME OF CEMETERY OR CREMATORY WOODTOWN	24d. LOCATION (City, town, or county) (State) POPLAR BLUFF, MO-
--	--------------------------	--	--

DATE REC'D BY LOCAL REG. 7-20-55	REGISTRAR'S SIGNATURE James G. Taylor	502	25. FUNERAL DIRECTOR'S SIGNATURE James P. Cady	ADDRESS CRYSTAL CITY, MO.
---	--	-----	---	----------------------------------

(Licensed Embalmer's Statement on Reverse Side)

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

JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI

DATE RECEIVED

JUL 28 1955

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 *James Richard Cady*
Licensed Embalmer No. *430*
P. O. Address *CRYSTAL*

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.