No. 300
10-48

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

FILED AUG 30 1955

# THE DIVISION OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

State File No. 28732

BIRTH NO. _____ REG. DIST. NO. 353 PRIMARY REG. DIST. NO. 6196 Registrar's No. 16

1. PLACE OF DEATH
a. COUNTY: Texas
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Cure-Akerell
c. LENGTH OF STAY (in this place): 3 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo
b. COUNTY: Texas
c. CITY OR TOWN: Turley 1070
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☒
e. STREET ADDRESS (If rural, give location): 2 Mi E of Turley Mo

3. NAME OF DECEASED (Type or Print): a. (First) Offie b. (Middle) c. (Last) Richards

4. DATE OF DEATH (Month) (Day) (Year): 8 - 18 - 55

5. SEX: M
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: July 7 1869
9. AGE (In years last birthday): 86 | 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): Farming
10b. KIND OF BUSINESS OR INDUSTRY: General work
11. BIRTHPLACE (City and State or Foreign Country): Hawkins Tenn
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME: Eldridge Richards
13b. MOTHER'S MAIDEN NAME: Sarah Wilson
14. NAME OF HUSBAND OR WIFE: Rose Richards

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S SIGNATURE OR NAME: Rose Richards ADDRESS: Licking Mo

## MEDICAL CERTIFICATION

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, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac & pulmonary arrest — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
*Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Cardiovascular renal disease 1 year.
DUE TO (c) Congestive heart failure

II. OTHER SIGNIFICANT CONDITIONS
*Conditions contributing to the death but not related to the disease or condition causing death.*
Senility

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: 442X
20. AUTOPSY? YES ☐ NO ☐

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Dec, 1953, *to* Aug, 1955, *that I last saw the deceased alive on* Aug 12, 1955, *and that death occurred at* 4:45A m., *from the causes and on the date stated above.*

23a. SIGNATURE: B. J. Myers (Degree or title) DO
23b. ADDRESS: Licking, Mo.
23c. DATE SIGNED: 8-22-55.

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 8/21/55
24c. NAME OF CEMETERY OR CREMATORY: Mt Pisgah Cem
24d. LOCATION (City, town, or county) (State): Texas Co Mo

DATE REC'D BY LOCAL REG.: Aug. 25, 1955
REGISTRAR'S SIGNATURE: Elnora Hesse 324
25. FUNERAL DIRECTOR'S SIGNATURE: Smith & Ferguson ADDRESS: Licking Mo

(Licensed Embalmer's Statement on Reverse Side)

OCT 14 1958

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emba

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Eubert C Fergus

Licensed Embalmer No. 39

P. O. Address Licking

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING (Fa
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.