

FILED JAN 31 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **1203**

BIRTH NO. _____ REG. DIST. NO. **139** PRIMARY REG. DIST. NO. **4225** Registrar's No. **7**

1. PLACE OF DEATH a. COUNTY HOLT		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY HOLT	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN OREGON		c. CITY OR TOWN OREGON	d. Is residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (In this place) LIFETIME		e. STREET ADDRESS (If rural, give location) 0440	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print)	a. (First) EDWARD	b. (Middle) ERLE	c. (Last) RICHARDS	4. DATE OF DEATH (Month) (Day) (Year) JANUARY 20, 1956
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5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED WIDOWED	8. DATE OF BIRTH JULY 8, 1881	9. AGE (In years last birthday) 74	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	IF UNDER 1 MIN. Hours	IF UNDER 1 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) ATTORNEY	10b. KIND OF BUSINESS OR INDUSTRY A BSTRACTER	11. BIRTHPLACE (City and State or Foreign Country) OREGON, MO.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME WILLIAM H. RICHARDS	13b. MOTHER'S MAIDEN NAME AMANDA JANE BRINEGAR	14. NAME OF HUSBAND OR WIFE IDA MARKT RICHARDS
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO	16. SOCIAL SECURITY NO. 500-36-0792	17. INFORMANT'S SIGNATURE OR NAME EDWARD E. RICHARDS	ADDRESS OREGON, MO.
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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		INTERVAL BETWEEN ONSET AND DEATH unknown
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebro-Vascular Accident		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cerebral Thrombosis DUE TO (c) Arteriosclerosis		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Patient expired in his sleep.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 331x	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from July 1, 1953, to Jan 20, 1956, that I last saw the deceased alive on Jan 17, 1956, and that death occurred at F. R. m., from the causes and on the date stated above.

23a. SIGNATURE Isaac F. Sweeney M.D.	(Degree or title)	23b. ADDRESS Oregon Missouri	23c. DATE SIGNED 1-22-56
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE JAN 22, 1956	24c. NAME OF CEMETERY OR CREMATORY SAVANNAH CEMETERY	24d. LOCATION (City, town, or county) (State) SAVANNAH, MISSOURI.
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DATE REC'D BY LOCAL REG. 1-24-1956	REGISTRAR'S SIGNATURE James Crawford 469	25. FUNERAL DIRECTOR'S SIGNATURE James Pittman	ADDRESS Oregon Mo
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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 *James N. Pettigrove*.....
Licensed Embalmer No. *319*.....

P. O. Address *Oregon*.....

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.