

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

**1263**

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 145 PRIMARY REG. DIST. NO. 5566 Registrar's No. 92

<b>1. PLACE OF DEATH</b> a. COUNTY <u>Iron</u>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Iron</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural - Iron township</u>		c. CITY OR TOWN	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (in this place) <u>37 years</u>		e. STREET ADDRESS (If rural, give location) <u>5 miles west of Belleview</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>5 miles west of Belleview</u>			

<b>3. NAME OF DECEASED</b> (Type or Print) a. (First) <u>SAMUEL</u> b. (Middle) <u>MADISON</u> c. (Last) <u>RICHARDS</u>			<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <u>Jan. 26, 1956</u>
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<b>5. SEX</b> <u>male</u>	<b>6. COLOR OR RACE</b> <u>white</u>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <u>married</u>	<b>8. DATE OF BIRTH</b> <u>Oct. 23, 1881</u>	<b>9. AGE</b> (In years last birthday) <u>74</u>	<b>IF UNDER 1 YEAR</b> Months <u>3</u> Days <u>3</u>	<b>IF UNDER 24 HRS.</b> Hours <u></u> Min. <u></u>
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>Drill operator</u>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <u>Lead Mines</u>		<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <u>Salina, Tenn.</u>		<b>12. CITIZEN OF WHAT COUNTRY?</b> <u>U.S.A.</u>

<b>13a. FATHER'S NAME</b> <u>Andrew Richards</u>	<b>13b. MOTHER'S MAIDEN NAME</b> <u>Mary Turner</u>	<b>14. NAME OF HUSBAND OR WIFE</b> <u>Martha Francis Richards</u>
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<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	<b>16. SOCIAL SECURITY NO.</b>	<b>17. INFORMANT'S SIGNATURE OR NAME</b> <u>Mrs Sam Richards</u>	<b>ADDRESS</b> <u>Belleview, Mo.</u>
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<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>	<b>MEDICAL CERTIFICATION</b>		<b>INTERVAL BETWEEN ONSET AND DEATH</b> <u>20 min</u>	
	<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <u>Acute respiratory failure</u>			
	<b>ANTECEDENT CAUSES</b> <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (b) <u>Medullary paralysis or failure</u>			<u>5 hrs</u>
	DUE TO (c) <u>Cerebral hemorrhage</u>			<u>1 day</u>
<b>II. OTHER SIGNIFICANT CONDITIONS</b> <i>Conditions contributing to the death but not related to the disease or condition causing death.</i> <u>Hypertension &amp; Arteriosclerosis</u>		<u>yrs.</u>		
<b>19a. DATE OF OPERATION</b>	<b>19b. MAJOR FINDINGS OF OPERATION</b>		<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	

<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>21c. (CITY, TOWN, OR TOWNSHIP)</b> (COUNTY) (STATE)
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) m.	<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b>

**22. I hereby certify that I attended the deceased from** 11-23 1955, to 1-26 1956, that I last saw the deceased alive on 1-26, 1956, and that death occurred at 2:15 P. m., from the causes and on the date stated above.

<b>23a. SIGNATURE</b> (Degree or title) <u>R. A. Neidigath D. O.</u>	<b>23b. ADDRESS</b> <u>Bismarck, Missouri</u>	<b>23c. DATE SIGNED</b> <u>1-30-56</u>
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<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <u>burial</u>	<b>24b. DATE</b> <u>1-30-56</u>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <u>Methodist Cemetery</u>	<b>24d. LOCATION</b> (City, town, or county) (State) <u>Caledonia, Missouri</u>
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<b>DATE REC'D BY LOCAL REG.</b> <u>Feb 4 1956</u>	<b>REGISTRAR'S SIGNATURE</b> <u>Mrs Elizabeth Logan</u>	<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <u>White Funeral Home</u>	<b>ADDRESS</b> <u>Irington, Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

No. 500  
10. 48  
0476  
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

APR 2 1956

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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. *Ansel White*.....

Licensed Embalmer No. *3012*

P. O. Address *Inton*

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.