

1857

FILED JAN 26 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 172 PRIMARY REG. DIST. NO. 5-65-4 Registrar's No. 13

1. PLACE OF DEATH a. COUNTY <u>Lawrence</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Lawrence</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Miller Lincoln</u>	c. LENGTH OF STAY (in this place) <u>Native</u>	c. CITY OR TOWN <u>Miller</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Residence</u>		f. STREET ADDRESS (If rural, give location) <u>R.F.D. # 0550</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Robert</u>	b. (Middle) <u>Lee</u>	c. (Last) <u>Richesin</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>1-4-1956</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>1-9-1869</u>	9. AGE (In years last birthday) <u>87</u>	IF UNDER 1 YEAR Days <u>11</u>	IF UNDER 24 HRS. Hours <u>24</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Steved Employee</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>Bedfont Arkansas</u>	12. CITIZEN OF WHAT COUNTRY?
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13a. FATHER'S NAME <u>Thomas Richesin</u>	13b. MOTHER'S MAIDEN NAME <u>Mahinda Murray</u>	14. NAME OF HUSBAND OR WIFE <u>Kitty Richesin</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. <u>498-09-0606</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Gray Velt Miller Mo</u>	ADDRESS
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Unknown - dead on arrival</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>my arrival</u>		
	DUE TO (c) <u>perhaps - heart</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>7955</u>			INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	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 his arrival on arrival, 1956, that I last saw the deceased alive on _____, 19____, and that death occurred at 8:30 A.M., from the causes and on the date stated above.

23a. SIGNATURE <u>W. H. Buergo MD</u> (Degree or title)	23b. ADDRESS <u>Miller Mo</u>	23c. DATE SIGNED <u>1-24-56</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>1-6-1956</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Round Grove</u>	24d. LOCATION (City, town, or county) (State) <u>N.W. of Miller Mo.</u>
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DATE REC'D BY LOCAL REG. <u>1-24-56</u>	REGISTRAR'S SIGNATURE <u>W. H. Buergo</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Morris - Union Miller Mo</u>	ADDRESS
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

100 8 1 100

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..... *L. R. Leiman*

Licensed Embalmer No. *329*

P. O. Address *Miller*

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