

FILED-MAR 22 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 9668

BIRTH NO. _____		REG. DIST. NO. 176		PRIMARY REG. DIST. NO. 5-66-4		Registrar's No. 9	
1. PLACE OF DEATH a. COUNTY Lawrence				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Lawrence			
b. CITY (If outside corporate limits, write RURAL and give township) Rural Lincoln		c. LENGTH OF STAY (in this place) Native		c. CITY OR TOWN Miller		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 Residence				f. STREET ADDRESS (If rural, give location) R.F.D. 0550			
3. NAME OF DECEASED (Type or Print) a. (First) Kittie			b. (Middle) A.		c. (Last) Richesin		4. DATE OF DEATH (Month) (Day) (Year) 3-5-1956
5. SEX Female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) None	8. DATE OF BIRTH 1-14-1871		9. AGE (In years last birthday) 85	IF UNDER 1 YEAR Months 1	IF UNDER 24 HRS. Days 20
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) Blair Nebraska		12. CITIZEN OF WHAT COUNTRY? Native	
13a. FATHER'S NAME Robert E. Andrews			13b. MOTHER'S MAIDEN NAME Della Brooks		14. NAME OF HUSBAND OR WIFE Deceased		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) none		17. INFORMANT'S SIGNATURE OR NAME Mrs. Fay Velt Miller 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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Valvular heart disease. Bilely ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) disease. Bilely DUE TO (c) saw her 20 minutes II. OTHER SIGNIFICANT CONDITIONS Arthritis - in heart joint form } before death					INTERVAL BETWEEN ONSET AND DEATH 4:21:4
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION Hopelessly crippled for yrs					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) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? as she			
22. I hereby certify that I attended the deceased from <u>Saturday, 19</u> , to <u>just</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>was dying</u> , and that death occurred at <u>5:20 p. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE W. S. Burney (Degree or title)				23b. ADDRESS Miller Mo.		23c. DATE SIGNED 3-10-56	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 3-7-1956	24c. NAME OF CEMETERY OR CREMATORY Grand Grove		24d. LOCATION (City, town, or county) (State) N.W. of Miller Mo.		
DATE REC'D BY LOCAL REG. 3-10-56		REGISTRAR'S SIGNATURE W. S. Burney		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Monms - Leiman Miller Mo.			

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

1580

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.....
E. P. Seiman

Licensed Embalmer No. *3297*

P. O. Address *Miller*

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.