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FILED MAY 23 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 16564
1985

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY JACKSON	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS City		c. CITY OR TOWN KANSAS City	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (In this place) 32 YRS		e. STREET ADDRESS (If rural, give location) 172 700 WARD Parkway 3128	
d. FULL NAME OF HOSPITAL OR INSTITUTION RESEARCH Hospital			

3. NAME OF DECEASED (Type or Print)	a. (First) GRANVILLE	b. (Middle) A.	c. (Last) Richard	4. DATE OF DEATH (Month) (Day) (Year) MAY 5, 1956
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5. SEX MALE	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH Dec. 5, 1997	9. AGE (In years last birthday) 58	IF UNDER 1 YEAR Months Days	IF UNDER 2 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) REAL ESTATE		10b. KIND OF BUSINESS OR INDUSTRY SELF-EMPLOYED		11. BIRTHPLACE (City and State or Foreign Country) BLACKBURN, MISSOURI		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME DR G A. Richard	13b. MOTHER'S MAIDEN NAME EFFIE NEALE	14. NAME OF HUSBAND OR WIFE LUCILE RICHARD
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) YES W.W. I	16. SOCIAL SECURITY NO. 487-09-6068	17. INFORMANT'S SIGNATURE OR NAME MRS LUCILE RICHARD ADDRESS 700 WARD PKWY
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Mesothelioma, nt. parietal		INTERVAL BETWEEN ONSET AND DEATH 16 mos.
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Broncho pneumonia		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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)	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 **Feb**, 19**55**, to **May 5**, 19**56** that I last saw the deceased alive on **May 5**, 19**56** and that death occurred at **4:00 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE Revis C. Lewis (Degree or title) M.D.	23b. ADDRESS 411 Nichols Rd. K.C. Mo.	23c. DATE SIGNED May 6-56
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24a. BURIAL CREMATION (Specify) BURIAL	24b. DATE MAY-7-1956	24c. NAME OF CEMETERY OR CREMATORY BLACKBURN CEMETERY	24d. LOCATION (City, town, or county) (State) Blackburn, Missouri
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DATE REC'D BY LOCAL REG. 5-7-56	REGISTRAR'S SIGNATURE neva merrill	25. FUNERAL DIRECTOR'S SIGNATURE D.W. NEWCOMER'S SONS ADDRESS KANSAS City, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

ACCOUNTS RECEIVABLE

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.....
Ellie Kessel

Licensed Embalmer No. *469*

P. O. Address... *K.C. Mo.*

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.