

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

24415

State File No.

FILED AUG 1 - 1956

BIRTH NO.		REG. DIST. NO. <u>209</u>	PRIMARY REG. DIST. NO. <u>3043</u>	Registrar's No. <u>247</u>
1. PLACE OF DEATH a. COUNTY <u>Marion</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Marion</u>		
b. CITY (if outside corporate limits, write RURAL and give township) OR TOWN <u>Hannibal</u>		c. LENGTH OF STAY (in this place)	c. CITY OR TOWN <u>Hannibal</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Elizabeth Hospital</u>		e. STREET ADDRESS (If rural, give location) <u>1300 Russell Street</u> 06490		
3. NAME OF DECEASED (Type or Print)		a. (First) <u>John</u>	b. (Middle) <u>Lawrence</u>	c. (Last) <u>Richards</u>
4. DATE OF DEATH (Month) (Day) (Year) <u>July 19 1956</u>		5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>
7. MARRIED, NEVER MARRIED, <input checked="" type="checkbox"/> WIDOWED, DIVORCED (Specify) <u>Never married</u>		8. DATE OF BIRTH <u>Aug. 7, 1906</u>		9. AGE (In years last birthday) <u>49</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Molder</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Stove Foundry</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Hannibal, Missouri</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>John L. Richards</u>		
13b. MOTHER'S MAIDEN NAME <u>Lucy Watkins</u>		14. NAME OF HUSBAND OR WIFE		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>Yes</u>		16. SOCIAL SECURITY NO. <u>WW#2</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Lucy Richards, Hannibal, Missouri</u>
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Terminal bronchial pneumonia</u>		INTERVAL BETWEEN ONSET AND DEATH <u>unknown</u>
ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u>		DUE TO (b) <u>Valvular heart disease with de-compensation</u>		
DUE TO (c) <u>410X</u>		II. OTHER SIGNIFICANT CONDITIONS <u>Autopsy findings: Stenosis mitral valve; Passive congestion of liver; Severe</u>		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>attack of syncope. performed by Dr. Henry Sweets, Hannibal, Missouri</u>		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from <u>7/14/56</u> , 19 <u> </u> , to <u>7/19/56</u> , 19 <u> </u> , that I last saw the deceased alive on <u>7/19/56</u> , 19 <u> </u> , and that death occurred at <u>12:12 P.M.</u> , from the causes and on the date stated above.				
23a. SIGNATURE <u>[Signature]</u>		(Degree or title) <u>M.D.</u>		23b. ADDRESS <u>Hannibal, Missouri</u>
23c. DATE SIGNED <u>7/23/56</u>				
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>7/21/56</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Norton Cemetery</u>
24d. LOCATION (City, town, or county) (State) <u>Rolla Co., Missouri</u>				
DATE REC'D BY LOCAL REG. <u>7/25/56</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u>
				ADDRESS <u>Hannibal, Mo.</u>

(Licensed Embalmer's Statement on Reverse Side)

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

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RECEIVED JUL 3 1 1956
MARION CO. HEALTH DEPT.
DATE FILED JUL 3 1 1956

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 *M. A. O'Donnell*.....

Licensed Embalmer No. 3889.....

P. O. Address Hannibal, 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.