

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **25874**

FILED SEP 5 1956

BIRTH NO. _____ REG. DIST. NO. 1 PRIMARY REG. DIST. NO. 3000 Registrar's No. 266

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

1. PLACE OF DEATH a. COUNTY APAIR		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY LIAN	
b. CITY (If outside corporate limits, write RURAL and give township) KIRSVILLE		c. LENGTH OF STAY (In this place)	c. CITY OR TOWN BROOKFIELD
d. FULL NAME OF HOSPITAL OR INSTITUTION KIRKSVILLE OSTEOPATHIC HOSP		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
e. STREET ADDRESS (If rural, give location) 531 E. PRAIRIE ST 058 J			
3. NAME OF DECEASED (Type or Print) a. (First) ISAAC b. (Middle) W. c. (Last) RICHARDS		4. DATE OF DEATH (Month) (Day) (Year) AUG. 31, 1956	
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH JULY 20, 1877
9. AGE (In years last birthday) 79		10. IF UNDER 1 YEAR: Months _____ Days _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER, RET		10b. KIND OF BUSINESS OR INDUSTRY OWN FARM	
11. BIRTHPLACE (City and State or Foreign Country) CHARITON Co. MO		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME EPHRAIM S. RICHARDS		13b. MOTHER'S MAIDEN NAME ELIZABETH BAKER	
14. NAME OF HUSBAND OR WIFE BERTIE A. READY			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. —	
17. INFORMANT'S SIGNATURE OR NAME MRS. BERTIE RICHARDS, BROOKFIELD, MO		ADDRESS	
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) Sepsis		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Peritonitis + Abscess		10 days	
DUE TO (c) Acute Appendicitis - Perforation		2 weeks	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION 8-22-56		19b. MAJOR FINDINGS OF OPERATION Pelvic Abscess	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		5501	
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 8-22, 1956 to 8-31, 1956 , that I last saw the deceased alive on 8-30, 1956 , and that death occurred at 3:05 a.m. , from the causes and on the date stated above.			
23a. SIGNATURE Ralph Stollard		23b. ADDRESS 800 W JEFFERSON KIRKSVILLE MO.	
23c. DATE SIGNED 8-31-56			
24a. BURIAL CREMATION, REMOVAL (Specify) BURIAL		24b. DATE SEPT. 3, 1956	
24c. NAME OF CEMETERY OR CREMATORY MT. OLIVET,		24d. LOCATION (City, town, or county) (State) MARCELINE, MO	
DATE REC'D BY LOCAL REG. 8-31-56		REGISTRAR'S SIGNATURE Kate Lambert	
25. FUNERAL DIRECTOR'S SIGNATURE WRIGHT FUNERAL HOME		ADDRESS BROOKFIELD, MO.	

(Licensed Embalmer's Statement on Reverse Side)

NOV 27 1958

NOV 8 1958

NOV 16 1958

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 *Harold B. Wright*

Licensed Embalmer No. *3718*

P. O. Address *Brookfield, Vt*

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.