

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34793

State File No. _____

FILED OCT 30 1956

BIRTH NO. _____ REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 3043 Registrar's No. 361

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>Ralls,</u>	
b. CITY (If outside corporate limits, write RURAL and give town) OR <u>Hannibal, Mo/</u>	c. LENGTH OF STAY (In this place) <u>2Wks</u>	c. CITY OR TOWN <u>Perry, Mo.</u>	d. In 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>StElizabeth Hospital</u>		e. STREET ADDRESS (If rural, give location) <u>Perry, Mo.</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>MAYE</u>	b. (Middle) <u>L</u>	c. (Last) <u>RICHARDS.</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Oct 16, 1956</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>June 16, 1884</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>	9. AGE (In years last birthday) <u>72</u> If UNDER 1 YEAR: Months <u>4</u> Days <u>0</u> If UNDER 24 HRS. Hours <u>0</u> Min. <u>0</u>
11a. BIRTHPLACE (City and State or Foreign Country) <u>Booneville, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	

13a. FATHER'S NAME <u>Herman Jegglin</u>	13b. MOTHER'S MAIDEN NAME <u>Elizabeth Diemer</u>	14. NAME OF HUSBAND OR WIFE <u>Floyd Richards</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>Unknown</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Floyd Richards Perry, Mo.</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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary thrombosis</u>		<u>15 days</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>posterior lateral myocardial infarct.</u> <u>15 days</u> DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	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)	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 10-2-56, 1956, to 10-16-56, 1956, that I last saw the deceased alive on 10-16-56, 1956, and that death occurred at 7:45A m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>A. L. Greene M.D.</u>	23b. ADDRESS <u>Hannibal, Missouri,</u>	23c. DATE SIGNED <u>10-19-56</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>10-19-56</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Lickcreek Cemetery</u>
24d. LOCATION (City, town, or county) (State) <u>Perry, Missouri.</u>		

DATE REC'D BY LOCAL REG. <u>10-24-56</u>	REGISTRAR'S SIGNATURE <u>Dr. Em. Jacke By W. Fisher</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Clyde Wilkey Perry, Mo</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

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RECEIVED OCT 29 1956
MARION CO. HEALTH DEPT.
DATE FILED OCT 29 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..... *Clyde A. Wisney*

Licensed Embalmer No. *382*

P. O. Address *Terry, 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.