

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. **38532**

FILED DEC 5 - 1956

Registrar's No. **93**

BIRTH NO. _____		REG. DIST. NO. 162		PRIMARY REG. DIST. NO. 5595		Registrar's No. 93	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY Jefferson		a. STATE Missouri		b. COUNTY Jefferson			
b. CITY (If outside corporate limits, write RURAL and give township) Rural Rock Twp		c. LENGTH OF STAY (In this place) 5 years		c. CITY OR TOWN near Imperial		d. Is Residence within limits of a city or incorporating town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION _____				e. STREET ADDRESS (If rural, give location) Prospect Drive			
3. NAME OF DECEASED			4. DATE OF DEATH				
a. (First) LEE	b. (Middle) EDWARD	c. (Last) RICHARDS	(Month) Nov	(Day) 17	(Year) 1956		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH June 8 1907	9. AGE (In years last birthday) 49	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 1 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter		10b. KIND OF BUSINESS OR INDUSTRY Carpenter		11. BIRTHPLACE (City and State or Foreign Country) Buffordsville Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME WILLIAM H. RICHARDS		13b. MOTHER'S MAIDEN NAME NERVIE NEAL		14. NAME OF HUSBAND OR WIFE Mabel Richards			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. 497-10-8570		17. INFORMANT'S SIGNATURE OR NAME Mabel Richards ADDRESS Imperial MO			
18. CAUSE OF DEATH		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
Enter only one cause per line for (a), (b), and (c)		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis				1 1/2 hr	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES					
		Morbid 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.					
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		4201		20. AUTOPSY? YES <input 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) _____ m.		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 11/17, 1956 to 11/17, 1956 that I last saw the deceased alive on 11/17, 1956 , and that death occurred at 8:10 A.M. , from the causes and on the date stated above.							
23a. SIGNATURE M. E. Jensen (Degree or title) _____				23b. ADDRESS M. E. Jensen		23c. DATE SIGNED 11/17/56	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE OCT 20 1956	24c. NAME OF CEMETERY OR CREMATORY BURGESS CEMETERY		24d. LOCATION (City, town, or county) (State) ANTONIA MO		
DATE REC'D BY LOCAL REG. 11-26-1956		REGISTRAR'S SIGNATURE Ruth Jones		25. FUNERAL DIRECTOR'S SIGNATURE HEILIGTAG FUNERAL HOME ADDRESS IMPERIAL MO			

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

JEFFERSON COUNTY HEALTH DEPT. DATE RECEIVED
HILLSBORO, MISSOURI

NOV 28 1956

REC 8

DEC 7 1956

MAR 22 1957

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 *Elmer Heilig*

Licensed Embalmer No. *3571*

P. O. Address *Imperial 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.