

FILED MAR 18 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **8062**
Registrar's No. **103**

BIRTH NO. _____ REG. DIST. NO. **77** PRIMARY REG. DIST. NO. **3016** Registrar's No. **103**

1. PLACE OF DEATH a. COUNTY Cole		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Cole	
b. CITY OR TOWN Jefferson City		c. CITY OR TOWN Jefferson City	
d. FULL NAME OF HOSPITAL OR INSTITUTION 217 Pine		d. STREET ADDRESS (If rural, give location) 217 Pine - 600 East State	

3. NAME OF DECEASED (Type or Print) Francis Rich			4. DATE OF DEATH March 11, 1957		
a. (First) Lena	b. (Middle)	c. (Last)	(Month)	(Day)	(Year)

5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Jan. 29, 1873	9. AGE (In years last birthday) 84	10. UNDER 1 YEAR 1	11. UNDER 24 HRS. 10
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Own	11. BIRTHPLACE (City and State or Foreign Country) Germany		12. COUNTRY OF WHAT COUNTRY? USA	

13a. FATHER'S NAME Robert Kretschmar		13b. MOTHER'S MAIDEN NAME Hulda C. Muller		14. NAME OF HUSBAND OR WIFE John Rich	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. No		17. INFORMANT'S SIGNATURE OR NAME John Rich ADDRESS Jefferson City, Mo.	

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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerosis		INTERVAL BETWEEN ONSET AND DEATH 14 days 25 years 25 years
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) arteriosclerosis		
	DUE TO (c) Diabetes mellitus		
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 260X	20. AUTOPSY? 0 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 **Nov 1, 1956**, to **3-11, 1957**, that I last saw the deceased alive on **3-11, 1957** and that death occurred at **7:00 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) W. D. [Signature]	23b. ADDRESS Jefferson City, Mo.	23c. DATE SIGNED 3-24-57
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Mar. 13, 1957	24c. NAME OF CEMETERY OR CREMATORY Riverview Cemetery
		24d. LOCATION (City, town, or county) (State) Jefferson City, Mo.

DATE REC'D BY LOCAL REG. 15 March 1957	REGISTRAR'S SIGNATURE R. P. [Signature]	25. FUNERAL DIRECTOR'S SIGNATURE [Signature] ADDRESS
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(Licensed Embalmer's Statement on Reverse Side)

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

Case taken from Francis correct. R. P. [Signature]

630

1959

1959

SEP 11 1959

APR 2

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

Student Embalmer

Signed

Victor Brecher

Licensed Embalmer No. 3701

P. O. Address J.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 this body is not embalmed, fact should be so stated above.