

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

18238

STATE FILE NUMBER

FILED JUN 12 1957

Registration District No. 282 Primary Registration District No. 4424 Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY <b>Polk</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Polk</b> <input checked="" type="checkbox"/>						
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Humansville</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <b>Humansville</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Hurley Lumber Co.</b>			Length of stay in 1b <b>17 yrs.</b>		d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First <b>Richard</b> Middle <b>Clay</b> Last <b>Squire</b>			4. DATE OF DEATH Month <b>6</b> Day <b>3</b> Year <b>1957</b>						
5. SEX <b>M</b>	6. COLOR OR RACE <b>Wh</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <b>3/6/1886</b>	9. AGE (In years last birthday) <b>71</b>	IF UNDER 1 YEAR Months <b>2</b> Days <b>27</b> Hours <b></b> Min. <b></b>		IF UNDER 24 HRS. Hours <b></b> Min. <b></b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Manager, Hurley Lumber Co.</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>Lumber Co.</b>		11. BIRTHPLACE (City and state or country) <b>Princeton, Kansas</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		
13. FATHER'S NAME <b>Thomas Squire</b>				14. MOTHER'S MAIDEN NAME <b>Hannah Elizabeth Clay</b>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>--</b>		16. SOCIAL SECURITY NO. <b>495-05-9125</b>		17. INFORMANT Address <b>Mrs. Mayme Squire, Humansville, Mo</b>					
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Coronary artery Thrombosis</b>								INTERVAL BETWEEN ONSET AND DEATH <b>9</b>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) _____		DUE TO (c) _____					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) <b>4201</b>								19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)						
20c. TIME OF INJURY Hour _____ Month _____ Day _____ a. m. _____ p. m. _____									
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY		STATE	
21. I attended the deceased from <b>5/31/57</b> to <b>6/3/57</b> and last saw <sup>him</sup> <del>her</del> alive on <b>6/3/57</b> Death occurred at <b>4:30 P.M.</b> on the date stated above; and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE <b>R. H. Robinson M.D.</b> (Degree or title)					22b. ADDRESS <b>Humansville, Mo.</b>			22c. DATE SIGNED <b>6/4/57</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>6/5/57</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Mt. Hope Cemetery</b>		23d. LOCATION (City, town, or county) (State) <b>Webb City, Missouri</b>				
24. FUNERAL DIRECTOR <b>Backwith Funeral aHome, Humansville, Mo.</b> ADDRESS				25. DATE RECD. BY LOCAL REG. <b>June 5, 1957</b>		26. REGISTRAR'S SIGNATURE <b>Ralph Henderson Jewell</b>			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

g diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes. All other symptoms will be listed.

MAY 9 1958

JAN 2 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..... *O. H. Beckwith*

Licensed Embalmer No. *393*

P. O. Address *Humansville*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.