

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25833

State File No.

FILED JUL 24 1957

BIRTH NO.		REG. DIST. NO. <u>306</u>		PRIMARY REG. DIST. NO. <u>6048</u>		Registrar's No. <u>19</u>	
1. PLACE OF DEATH a. COUNTY <u>ST. CHARLES CO</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>St Charles</u>			
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>RURAL O'FALLOU</u>)		c. LENGTH OF STAY (in this place) <u>25 YEARS</u>		c. CITY OR TOWN <u>Stallon Rural</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>HIS HOME</u>				e. STREET ADDRESS (If rural, give location) <u>Route 1 O'Fallon MO 0920</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>JOSHUA</u> b. (Middle) <u>—</u> c. (Last) <u>RICHMOND</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>JULY 15-1957</u>				
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>AUGUST 8-1872</u>	
9. AGE (In years last birthday) <u>84</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>SUP. OF SCHOOL</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>MONROE CO. MO</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>JOSHUA A. RICHMOND</u>			13b. MOTHER'S MAIDEN NAME <u>ANGELINE - COOK</u>		14. NAME OF HUSBAND OR WIFE <u>IVA-Z. RICHMOND</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>498-40-7534</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>IVA-Z. RICHMOND O'FALLON 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, assthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u> DUE TO (c) <u>Senility</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>4201</u>					INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					20. AUTOPSY? <u>2</u> 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 <u>Jan.</u> , 1957, to <u>July 15, 1957</u> , that I last saw the deceased alive on <u>June 4</u> , 1957, and that death occurred at <u>2:45 p. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Harold B. Mangold D.O.</u>				23b. ADDRESS <u>O'Fallon Mo</u>		23c. DATE SIGNED <u>July 17, 1957</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>AUG. 18-1957</u>		24c. NAME OF CEMETERY OR CREMATORY <u>MT. ZYON</u>		24d. LOCATION (City, town, or county) (State) <u>O'FALLON MO</u>	
DATE REC'D BY LOCAL REG. <u>July 18, 1957</u>		REGISTRAR'S SIGNATURE <u>E. Keithly</u>		25. EMERALD DIRECTOR'S SIGNATURE ADDRESS <u>E. Keithly O'Fallon Mo</u>			

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

JUL 31 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..... *E. Keethly*

Licensed Embalmer No..... 87

P. O. Address..... *Fullon*

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.