

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-008665

STATE FILE NUMBER

FILED APR 8 1958

Registration District No. 1 Primary Registration District No. 3000 Registrar's No. 97

1. PLACE OF DEATH a. COUNTY <b>Adair</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>Adair</b>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Kirkville</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>Kirkville</b>		001 <sup>0</sup> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <del>XXXXXX</del> <b>Stickler</b>		Length of stay in lb <b>36 days</b>	d. STREET ADDRESS (If outside, give location) <b>Route 5</b>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) <b>DANIEL</b>			First <b>J.</b>	Middle <b>J.</b>	Last <b>RICHARDS</b>
4. DATE OF DEATH <b>March 26 1958</b>		Month <b>March</b>	Day <b>26</b>	Year <b>1958</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIAGE STATUS <del>WIDOWED</del> <input checked="" type="checkbox"/> <del>NEVER MARRIED</del> <input type="checkbox"/> <del>SEPARATED</del> <input type="checkbox"/> <del>DIVORCED</del> <input type="checkbox"/> <b>WIDOWED</b> <input checked="" type="checkbox"/> <b>2</b>	8. DATE OF BIRTH <b>Feb. 2 1871</b>	9. AGE (In years by birthday) <b>87</b>	IF UNDER 1 YEAR Months <input type="checkbox"/> Days <input type="checkbox"/> Hours <input type="checkbox"/> Min. <input type="checkbox"/>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Farming</b>	11. BIRTHPLACE (City and state or country) <b>Mahaska, Co. Iowa</b>		12. CITIZEN OF WHAT COUNTRY? <b>U S</b>
13. FATHER'S NAME <b>John Richards</b>			14. MOTHER'S MAIDEN NAME <b>Elizabeth Unk.</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>No</b>	17. INFORMANT <b>Ross Richards, Rt. 5, Kirkville, 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>Avitaminosis--Malnutrition</b>					INTERVAL BETWEEN ONSET AND DEATH <b>3mos.</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <b>Senility</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)					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <b>2</b>
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.) <b>2.867</b>		
20c. TIME OF INJURY Hour _____ a. m. _____ p. m. Month, Day, Year _____					
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>2-20-58</b> to <b>3-26-58</b> and last saw her alive on <b>3-26-58</b> Death occurred at <b>5:40 PM</b> m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <b>RO Stickler MD</b>			22b. ADDRESS <b>Kirkville, Missouri</b>		22c. DATE SIGNED <b>3-29-58</b>
23a. BURIAL EXEMPTION (Specify) <b>Burial</b>	23b. DATE <b>Mar. 29 1958</b>	23c. NAME OF CEMETERY OR CREMATOR <b>East Center</b>	23d. LOCATION (City, town, or county) (State) <b>Adair Co. Mo.</b>		
24. FUNERAL DIRECTOR <b>Hoar &amp; Foster</b>		ADDRESS <b>Kirkville, Mo.</b>	25. DATE RECD. BY LOCAL REG. <b>3-31-1958</b>	26. REGISTRAR'S SIGNATURE <b>Doris W. Raloff</b>	

(Licensed Embolmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
Coroner cannot certify to a death due to natural causes.  
Diseases in Part I must be casually related.  
Social, coroner, etc. must use only standard forms.  
1-1

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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 *Howard E. Foster*

Licensed Embalmer No...47

P. O. Address Kirksville

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.