

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-018454

STATE FILE NUMBER

2487

FILED JUN 5 1958

Registration District No. 149 Primary Registration District No. 1002

Registrar's No.

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Kansas City</b>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	418 CITY OR TOWN <b>Kansas City</b>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>1515 E. 24th Terr.</b>		Length of stay in lb <b>14 yrs.</b>	d. STREET ADDRESS (If outside, give location) <b>1515 E. 24th Terr.</b>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <b>Alfred</b> Middle <b>Rich</b> Last <b>Rich</b>			4. DATE OF DEATH Month <b>May</b> Day <b>11</b> Year <b>1958</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>Negro</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>March 1869</b>		9. AGE (In years last birthday) <b>69</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Laborer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Retired</b>	11. BIRTHPLACE (City and state or country) <b>Okla.</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
13a. FATHER'S NAME <b>Jack Rich</b>		13b. MOTHER'S MAIDEN NAME <b>Mary Island</b>		14. NAME OF HUSBAND OR WIFE <b>Lydia Rich</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>444-03-2169</b>	17. INFORMANT Address <b>Lydia Rich 1515 E. 24th Terr.</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>Status Epilepsy</b>					INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.					532
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)					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.)		
20c. TIME OF INJURY Hour _____ a.m. _____ p.m.			20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			20f. CITY, TOWN, OR LOCATION COUNTY STATE		
21. I attended the deceased from <b>April 28, 1956</b> to <b>MAY 11, 1958</b> and last saw her/him alive on <b>April 14, 1958</b> Death occurred at <b>10:00</b> P. m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <i>Ernest P. Mc Donald M.D.</i>			22b. ADDRESS <b>2604 Prospect Avenue</b>		22c. DATE SIGNED <b>5/16/58</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		23b. DATE <b>5-17-58</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Muskogee, Okla.</b>		23d. LOCATION (City, town, or county) (State) <b>Muskogee Okla.</b>
24. FUNERAL DIRECTOR <b>Manlove &amp; Williams 1729 Lydia</b>			25. DATE RECD. BY LOCAL REG. <b>5-16-58</b>	26. REGISTRAR'S SIGNATURE <i>Neva Minshall</i>	

Secretary, coroner, etc.: must use only standard non-inked form in Item 18. No symptoms will be listed. All diseases in Part I must be causally related.

Bruce P. Mc Donald USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

JUN 5 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 *D. J. Malone* .....

Licensed Embalmer No. *3994*

P. O. Address *3712 E 35th*

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.