

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-020819

STATE FILE NUMBER

FILED JUL 15 1958

Registration District No. 13 Primary Registration District No. 3003 Registrar's No. 94

300
-57

1. PLACE OF DEATH a. COUNTY Barry			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Barry		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Monett		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Monett		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Scroggins' Nursing Home 2 1/2 Yrs		Length of stay in 1b	d. STREET ADDRESS (If outside, give location) # 910 4th St.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First ROSA Middle M. Last RICHTER			4. DATE OF DEATH Month July Day 10 Year 1958		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 7/11/1886		9. AGE (In years last birthday) 71 IF UNDER 1 YEAR Months 11 Days 29 IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Dietitian		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Marshall, Missouri	
12. CITIZEN OF WHAT COUNTRY? US.A		13a. FATHER'S NAME August Richter		13b. MOTHER'S MAIDEN NAME Amalia Haberman	
14. NAME OF HUSBAND OR WIFE None		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 451-46-5179	
17. INFORMANT Lon Schieszer		Address Monett, Mo.		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Arteriosclerotic Heart Disease					INTERVAL BETWEEN ONSET AND DEATH Unknown
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Arteriosclerosis					
DUE TO (c) _____					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Old cerebral thrombosis with right hemiplegia					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 _____ 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 7-5-58 to 7-10-58 and last saw her/him alive on 7-10-58 Death occurred at 2:15 P.m. on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <i>M. J. Shan, Jr. M.D.</i> (Degree or title)			22b. ADDRESS Monett, Missouri		22c. DATE SIGNED 7-11-58
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 7/14/58	23c. NAME OF CEMETERY OR CREMATORY Marshall Cemetery		23d. LOCATION (City, town, or county) (State) Marshall, Missouri
24. FUNERAL DIRECTOR J. D. Buchanan ADDRESS Monett, Mo.			25. DATE RECD. BY LOCAL REG. 7-12-58		26. REGISTRAR'S SIGNATURE <i>Mrs P. H. Cook</i>

(Licensed Embalmer/Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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**BARRY COUNTY HEALTH UNIT
CASSVILLE, MO.**

NO. 758-146

DATE REC. 7-14-58

APR 31 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 J. P. Buchanan
Licensed Embalmer No. 3179

P. O. Address Monett, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.