

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-026631

STATE FILE NUMBER

FILED AUG 6 1958

Registration District No. 301 Primary Registration District No. 6039 Registrar's No. 605

1. PLACE OF DEATH a. COUNTY <u>Ripley.</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri.</u> b. COUNTY <u>Ripley.</u>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Johnson Township.</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>(Johnson TWSP.) Grandin, Mo.</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>14 Mi. N.E. of Doniphan.</u>		Length of stay in lb <u>6 years.</u>	d. STREET ADDRESS (If outside, give location) <u>14 Mi. N.E. of Doniphan.</u>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>Eva</u> Middle <u>Ellen</u> Last <u>Richmond.</u>			4. DATE OF DEATH Month <u>July</u> Day <u>9</u> Year <u>1958.</u>		
5. SEX <u>Female.</u>	6. COLOR OR RACE <u>White.</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>April 10, 1899.</u>	9. AGE (In years last birthday) <u>59.</u> IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 24 HRS.: Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House work.</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Housewife.</u>	11. BIRTHPLACE (City and state or country) <u>Tennessee (Savannah).</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>Jeff Davis.</u>		13b. MOTHER'S MAIDEN NAME <u>Nancy Hadley.</u>		14. NAME OF HUSBAND OR WIFE <u>J. B. Richmond.</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No.</u>		16. SOCIAL SECURITY NO. <u>496-20-8452</u>		17. INFORMANT Address <u>GRANDIN, MISSOURI.</u> <u>J. B. Richmond.</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Myocardial failure.</u>				INTERVAL BETWEEN ONSET AND DEATH <u>1 year.</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) <u>Mitral stenosis.</u>		<u>Unknown.</u>	
		DUE TO (c) <u>Inactive rheumatic heart disease.</u>		<u>Unknown.</u>	
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"/>	
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.) <u>410X</u>		
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. _____					
20d. INJURY OCCURRED WHILE AT <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		20g. COUNTY
				20h. STATE	
21. I attended the deceased from <u>Nov 20, 1957</u> to <u>July 9, 1958</u> and last saw her alive on <u>July 8, 1958</u> . Death occurred at <u>10:30 A.M.</u> on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Deputy or title) <u>Robert Chynoweth, M.D.</u>			22b. ADDRESS <u>Poplar Bluff, Mo.</u>		22c. DATE SIGNED <u>7-23-58.</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial.</u>		23b. DATE <u>July 12, 1958</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Stevens Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Ripley County, Missouri</u>
24. FUNERAL DIRECTOR <u>Ray Means. Doniphan, Mo.</u>			25. DATE RECD. BY LOCAL REG. <u>Aug 4 - 58</u>		26. REGISTRAR'S SIGNATURE <u>Duth Co. Johnston</u>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

USE PREVIOUS EDITION FOR MOST OF CEMETERY RECORDS.

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 *Ray Means*

Licensed Embalmer No. *3743*.....

P. O. Address *Doniphan*.....

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.