

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-030013

STATE FILE NUMBER

FILED AUG 25 1958 Registration District No. 301 Primary Registration District No. 6035 Registrar's No. 606

5. 300
6. 1-57
7. 1

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>Flatwoods Township</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN <u>Fairdealings</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Hi Way 160 - 5 miles west Fairdealings</u>		Length of stay in 1b <u>71 years</u>	d. STREET ADDRESS (If outside, give location) <u>RR#1</u>
3. NAME OF DECEASED (Type or print) First Middle Last <u>ARTHUR JAY Richmond</u>			4. DATE OF DEATH Month Day Year <u>7 - 31 - 58</u>
5. SEX <u>Male</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>4-30-87</u>
9. AGE (In years last birthday) <u>71</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>SAW Mill OPERATOR</u>	11. BIRTHPLACE (City and state or country) <u>Ripley County, Mo</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>SAW Mill OPERATOR</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Lumber</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>Robert Richmond</u>		13b. MOTHER'S MAIDEN NAME <u>Tennessee Fuller</u>	14. NAME OF HUSBAND OR WIFE <u>EMMER Richmond</u>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT <u>Chad Richmond Fairdealings, Mo</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>Acute myocardial Infarction</u>			INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			<u>4201</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"/> <u>2</u>
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 Month, Day, Year 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 <u>July 2, 1958</u> to <u>July 31, 1958</u> and last saw him alive on <u>July 28, 1958</u> Death occurred at <u>8:00 P.M.</u> on the <u>31st</u> date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>J. L. Smith, D.O.</u>		22b. ADDRESS <u>Box 328, Debusville, Mo.</u>	22c. DATE SIGNED <u>8-6-58</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>8-3-58</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Daniphan Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Daniphan Missouri</u>
24. FUNERAL DIRECTOR <u>EDWARDS FUNERAL HOME, DANIPHAN, MISSOURI</u>		25. DATE RECD. BY LOCAL REG. <u>8-22-58</u>	26. REGISTRAR'S SIGNATURE <u>Ruth W. Johnston Deputy</u>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

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 *Gene Starrent*

Licensed Embalmer No. *4809*
P. O. Address *Naylor, 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.