THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-014051
State File No.

FILED MAY 12 1959

BIRTH NO. REG. DIST. NO. 187 PRIMARY REG. DIST. NO. 3040 Registrar's No. 121

1. PLACE OF DEATH
a. COUNTY Livingston
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Chillicothe
c. LENGTH OF STAY (In this place) few min.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Saale Cafe 605 Webster St.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY Livingston
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Chillicothe 0593
d. STREET ADDRESS (If rural, give location) Unknown

3. NAME OF DECEASED (Type or Print)
a. (First) RICHARD
b. (Middle) WALLACE
c. (Last) BLACK

4. DATE OF DEATH (Month) May (Day) 4 (Year) 1959

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married
8. DATE OF BIRTH Dec. 23, 1923
9. AGE (In years last birthday) 35 | 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) Truck Driver
10b. KIND OF BUSINESS OR INDUSTRY Trucking
11. BIRTHPLACE (State or foreign country) Chillicothe, Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME John A. Black
13b. MOTHER'S MAIDEN NAME Ruby Lee Brock
14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes | (If yes, give war or dates of service) WWII
16. SOCIAL SECURITY NO. 486-24-8410
17. INFORMANT'S SIGNATURE OR NAME Mrs. Ruby Black; **ADDRESS** Denver, Colo

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Wound, Penetrating of Heart — INTERVAL BETWEEN ONSET AND DEATH: Few Minutes

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION 981X
20. AUTOPSY? YES ☒ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify) Homicide
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Tavern
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Chillicothe, Livingston, Mo
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) May 4 59 10:30 p.m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR? Shot by Bill Hampton

22. *I hereby certify that I attended the deceased from* None, 19__, *to* ____, 19__, ~~*that I last saw the deceased alive on*~~ May 4, 19 59, *and that death occurred at* 10:20 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) Joseph A. Conrad M.D. (Coroner)
23b. ADDRESS Chillicothe, Mo
23c. DATE SIGNED May 7 59

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 5/8/59
24c. NAME OF CEMETERY OR CREMATORY Edgewood
24d. LOCATION (City, town, or county) (State) Chillicothe, Missouri

DATE REC'D BY LOCAL REG. 5/7/59
REGISTRAR'S SIGNATURE Frances B Neill
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS NORMAN FUNERAL HOME: CHILLICOTHE, MO.

(Licensed Embalmer's Statement on Reverse Side)

MAY 13 1959

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 .....
Student Embalmer

Signed John Polin

Licensed Embalmer No. 5035

P. O. Address Chillicothe, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to compl the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.