

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-016626

STATE FILE NUMBER

FILED JUN 1 1959 Registration District No. 002 Primary Registration District No. 5019 Registrar's No. 32

300
1-57

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.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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|--|----------------------------------|---|--|
| 1. PLACE OF DEATH a. COUNTY Andrew | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY DeKalb | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Rochester Twp. | | Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | c. CITY OR TOWN Union Star |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION S.W of Union Star | | Length of stay in 1b 3 Da | d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print) First Sophia Middle Pauline Last Richter | | | 4. DATE OF DEATH Month May Day 24 Year 1959 |
| 5. SEX Female | 6. COLOR OR RACE White | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH Feb. 2, 1881 |
| 9. AGE (In years last birthday) 78 | | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework | 11. BIRTHPLACE (City and state or country) St. Joseph, Missouri |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework | | 10b. KIND OF BUSINESS OR INDUSTRY Home | 12. CITIZEN OF WHAT COUNTRY? U.S. |
| 13a. FATHER'S NAME Peter Ozenberger | | 13b. MOTHER'S MAIDEN NAME Louisa Stuber | 14. NAME OF HUSBAND OR WIFE Robert Frank Richter |
| 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. None | 17. INFORMANT Irvin Richter Address Union Star, Mo., |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Hemorrhage | | | INTERVAL BETWEEN ONSET AND DEATH Sudden |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Cerebral arterio Sclerosis | | | years |
| 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"/> |
| 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 <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 May 23, 1959 to May 24, 1959 and last saw her/him alive on May 24, 1959 Death occurred at 10:00 a m on the date stated above; and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE (Degree or title) S. Blacklock M.D. | | 22b. ADDRESS | 22c. DATE SIGNED |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 23b. DATE May 26, 59 | 23c. NAME OF CEMETERY OR CREMATORY Union Star | 23d. LOCATION (City, town, or county) (State) Union Star, Missouri |
| 24. FUNERAL DIRECTOR Roland D Clark ADDRESS King City, Mo | | 25. DATE RECD. BY LOCAL REG. 5-29-59 | 26. REGISTRAR'S SIGNATURE Lillian Sparks |

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 *Roland D Clark*

Licensed Embalmer No. *4497*

P. O. Address *King City, 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.