Dept. Health, Educ., & Welfare
U. S. Public Health Service

V. S. 300
Rev. 1-57

FILED VS DEC 15 1959

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-038965
STATE FILE NUMBER

Registration District No. 4374 Primary Registration District No. 4044 Registrar's No. 55

1. PLACE OF DEATH a. COUNTY Boone	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Boone
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) Sturgeon — Inside Limits Yes [X] No [ ]	c. CITY OR TOWN Sturgeon — Inside Limits Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) ---------- — Length of stay in 1b Lifetime	d. STREET ADDRESS (If outside, give location) ---------- — Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print)	First: MARVIN	Middle: EARL	Last: RICHARDS	4. DATE OF DEATH: Month Dec. Day 6, Year 1959
5. SEX: male	6. COLOR OR RACE: white	7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]	8. DATE OF BIRTH: June 25, 1880	9. AGE (In years last birthday): 79 — IF UNDER 1 YEAR: Months 5, Days 11 — IF UNDER 24 HRS.: Hours --, Min. --
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Rural Mail Carrier	10b. KIND OF BUSINESS OR INDUSTRY: US Postal Dept.	11. BIRTHPLACE (City and state or country): Boone County, Mo/	12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME: Stephen Green Richards	13b. MOTHER'S MAIDEN NAME: Sarah Katherine Frakes	14. NAME OF HUSBAND OR WIFE: Eula Puller Richards		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service) None	16. SOCIAL SECURITY NO.: 495-36-4625	17. INFORMANT: James C. Richards, Address: Sturgeon, Mo. R 1		

MEDICAL CERTIFICATION

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

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Severe injuries of head, chest

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) abdomen & extremities

DUE TO (c) 8C2X

INTERVAL BETWEEN ONSET AND DEATH: Sudden

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 35

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X] 2

20a. ACCIDENT [X] SUICIDE [ ] HOMICIDE [ ]

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Deceased struck by fast moving passenger train

20c. TIME OF INJURY 10:00 Hour a.m. p.m. Month, Day, Year Dec 6, 1959

20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [X]

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Street

20f. CITY, TOWN, OR LOCATION: Sturgeon — COUNTY: Boone — STATE: Missouri

21. I attended the deceased from Coroners Case and last saw her/him alive on ____
Death occurred at approx 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): Vincent P Perna MD Coroner 3	22b. ADDRESS: Univ of Mo - Med Center	22c. DATE SIGNED: 8 Dec 59
23a. BURIAL, CREMATION, REMOVAL (Specify): Burial	23b. DATE: Dec. 9, 1959	23c. NAME OF CEMETERY OR CREMATORY: Mt. Horeb Cemetery
23d. LOCATION (City, town, or county) (State): Sturgeon, Mo.		
24. FUNERAL DIRECTOR: Bill [illegible] Meador — ADDRESS: Sturgeon, Missouri	25. DATE RECD. BY LOCAL REG.: Dec 10-1959	26. REGISTRAR'S SIGNATURE: Maud McBride

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

securing the medical certification in the specific manner required by 193.140 MoRS 1949.
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.

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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 .....

Licensed Embalmer No. 4876

P. O. Address .....

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.