

MOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

58-61-018478

STATE FILE NUMBER

Registration District No. 273 Primary Registration District No. _____ Registrar's No. 58

FILED JUN 6 1961

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY Perry	b. CITY (If outside corporate limits, give TOWNSHIP only) OR Central Twp.	a. STATE Mo.	b. COUNTY Perry
Length of stay in lb 45 Yrs.		c. CITY OR TOWN Perryville	Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Perryville, Rte. 1		d. STREET ADDRESS Rte. 1	Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print)	First Edna	Middle M.	Last Richardet	4. DATE OF DEATH	Month 5	Day 25	Year 61
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5. SEX F	6. COLOR OR RACE W	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 12-2-92	9. AGE (last birthday) 68	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HR Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) St. Louis, Mo.	12. CITIZEN OF WHAT COUNTRY U.S.A.
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13a. FATHER'S NAME Herman Kuhlman	13b. MOTHER'S MAIDEN NAME Dorothy Seifert	14. NAME OF HUSBAND OR WIFE Gilbert Richardet
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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 Gilbert Richardet, Perryville, Rte 1	Address
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:	INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) Acute myocardial infarction	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	
DUE TO (b) Rheumatoid arthritis	20 hrs
DUE TO (c) Stroke	1 1/2 hrs

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)	PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input 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.)
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20c. TIME OF INJURY Hour _____ a.m. _____ p.m.	Month, Day, Year _____
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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
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21. I attended the deceased from 1955 **to** 5/27/60 **and last saw her** 5/29/61 **alive on**
Death occurred at 2:15 P.M. **on the date stated above, and to the best of my knowledge, from the causes stated.**

22a. SIGNATURE <i>[Signature]</i>	(Degree or title) Dr	22b. ADDRESS Perryville, Mo	22c. DATE SIGNED 5/26/61
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 5-27-61	23c. NAME OF CEMETERY OR CREMATORY Mt. Hope Cemetery	23d. LOCATION (City, town, or county) Perryville, Mo.
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24. FUNERAL DIRECTOR Young & Sons	ADDRESS Perryville Mo	25. DATE RECD. BY LOCAL REG. 5-27-61	26. REGISTRAR'S SIGNATURE <i>[Signature]</i>
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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 Wallace Young

Licensed Embalmer No. 4027

P. O. Address Perryville

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.