

FILED JAN 20 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 2687

BIRTH NO. _____		REG. DIST. NO. 297		PRIMARY REG. DIST. NO. 4446		Registrar's No. 3	
1. PLACE OF DEATH a. COUNTY <u>RAY</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>RAY</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>HARDIN</u>		c. LENGTH OF STAY (in this place) <u>6 yrs.</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>HARDIN</u>		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>HOME</u>				d. STREET ADDRESS			
3. NAME OF DECEASED (Type or Print) a. (First) <u>FRED</u> b. (Middle) <u>WILLIAM</u> c. (Last) <u>RICHENBAKER</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>JAN. 13, 1953</u>				
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>never married</u>	8. DATE OF BIRTH <u>APRIL 27, 1876</u>	9. AGE (In years last birthday) <u>76</u>	IF UNDER 1 YEAR Months <u>8</u> Days <u>17</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>JOHN R. RICHENBAKER</u>		13b. MOTHER'S MAIDEN NAME <u>LOUISE A. ADELHARDT</u>		14. NAME OF HUSBAND OR WIFE			
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'S SIGNATURE OR NAME ADDRESS <u>MRS. EMMA DROWN - KANSAS CITY, Mo.</u>			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral hemorrhage - left parietal</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertensive state</u> DUE TO (c) <u>331X</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Childbirth & sprain - left foot</u>				INTERVAL BETWEEN ONSET AND DEATH <u>12 hrs</u> <u>?</u> <u>T</u> <u>—</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>5:20 AM 1/13/53</u> , to <u>5:30 AM 1/13/53</u> , that I last saw the deceased alive on _____, 19____, and that death occurred at <u>5:30 A. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Robert M. Jackson III, M.D.</u> (Degree or title)				23b. ADDRESS <u>Hardin, Mo.</u>		23c. DATE SIGNED <u>1/15/53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>1-15-53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Hardin Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Hardin Ray Mo.</u>		
DATE REC'D BY LOCAL REG. <u>Jan 17, 1953</u>		REGISTRAR'S SIGNATURE <u>Mabel Jackson</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Knyazek & Schuchling Hardin, Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

7

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 August Bouchard

Licensed Embalmer No. 4678

P. O. Address Hardin, 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 this body is not embalmed, fact should be so stated above.