

FILED MAR 26 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

11346

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 374 PRIMARY REG. DIST. NO. 6274 Registrar's No. 5-

1. PLACE OF DEATH COUNTY <b>Worth</b> <b>Worth</b> <b>TH</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b>		b. COUNTY <b>Worth</b> <b>113</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Worth-Middlefork</b>		c. LENGTH OF STAY (in this place) <b>19 yrs</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural-Middlefork Township</b> <b>0</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>1</b>		d. STREET ADDRESS <b>Worth, Mo.</b>		<b>0</b>	

3. NAME OF DECEASED (Type or Print) <b>Susan</b>			a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) <b>3-8-1949</b>		
			<b>Rickabaugh</b>					

5. SEX <b>Female</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>widowed</b>	8. DATE OF BIRTH <b>12 -3 -1869</b>	9. AGE (in years last birthday) <b>79</b>	IF UNDER 1 YEAR Months <b>3</b>	IF UNDER 1 YEAR Days <b>5</b>	IF UNDER 1 YEAR Hours <b>12</b>	IF UNDER 1 YEAR Min. <b>0</b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>housewife</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>housewife</b>	11. BIRTHPLACE (State or foreign country) <b>Allendale, Missouri</b> <b>0</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>George W. Lisle</b>	13b. MOTHER'S MAIDEN NAME <b>Lucinda Vasser</b>	14. NAME OF HUSBAND OR WIFE <b>John Henry Rickabaugh</b>
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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) <b>no</b>	16. SOCIAL SECURITY NO. <b>none</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Everett Rickabaugh</b>	ADDRESS <b>Worth, Missouri</b>
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Diabetes Mellitus</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 week</u>
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) <u>Old age, &amp; bad health.</u>		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>100%</u>		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>401</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) <b>Worth</b> <b>Mo</b>
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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?
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22. I hereby certify that I attended the deceased from Jan 10, 1946, to 3-8, 1949, that I last saw the deceased alive on 3-9, 1949, and that death occurred at 4:30 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Charles N. McLean, M.D.</u>	23b. ADDRESS <u>Gentry, Mo</u>	23c. DATE SIGNED <u>3-15-49</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>3-10-1949</b>	24c. NAME OF CEMETERY OR CREMATORY <b>New Friendship Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Gentry, Missouri</b>
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DATE REC'D BY LOCAL REG. <u>March 18-1949</u>	REGISTRAR'S SIGNATURE <u>Leta E. Dawson</u> <b>345</b>	25. FUNERAL DIRECTOR'S SIGNATURE <u>John C. Dunfee</u>	ADDRESS <u>Gentry, Mo</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

No. 300  
10.4813  
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DISTRICT HEALTH OFFICE  
Cameron, Mo.

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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 .....  
Student Embalmer

Signed.....

*Joseph O. Dunfee*

Licensed Embalmer No. 3252

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