S. No. 300
v. 10-48

FILED JAN 11 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 41434

BIRTH NO. _____ REG. DIST. NO. 154 PRIMARY REG. DIST. NO. 5575 Registrar's No. 56

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

1. PLACE OF DEATH
a. COUNTY: JACKSON
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): KANSAS CITY-Rural
c. LENGTH OF STAY (in this place): 2 WEEKS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 516 WEST 85TH TERRACE

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: MACON
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): MACON
d. STREET ADDRESS (If rural, give location): 3½

3. NAME OF DECEASED (Type or Print)
a. (First): SUSIE
b. (Middle): M
c. (Last): RICKER

4. DATE OF DEATH (Month) (Day) (Year): DEC-30-1949

5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): WIDOWED
8. DATE OF BIRTH: SEPT-21-1875
9. AGE (In years last birthday): 74 YEARS — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): AT HOME
10b. KIND OF BUSINESS OR INDUSTRY: ------
11. BIRTHPLACE (State or foreign country): LINN COUNTY, MISSOURI
12. CITIZEN OF WHAT COUNTRY?: U.S.A

13a. FATHER'S NAME: MARION COTTERTON
13b. MOTHER'S MAIDEN NAME: MARY FRANCES MAYFIELD
14. NAME OF HUSBAND OR WIFE: JOHN W. RICKER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO — (If yes, give war or dates of service): ------
16. SOCIAL SECURITY NO.: 494-05-2546
17. INFORMANT'S SIGNATURE OR NAME: MRS. INA HAWKINS — ADDRESS: 516 W. 85TH TERR. KANSAS CITY, MO.

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.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Chronic Myocarditis

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Arteriosclerosis
DUE TO (c): —

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: —

INTERVAL BETWEEN ONSET AND DEATH: 49.21

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 12-18-, 1949, *to* 12-30, 1949, *that I last saw the deceased alive on* 12-29, 1949 *and that death occurred at* 1:55P *m., from the causes and on the date stated above.*

23a. SIGNATURE H. R. Lyddon Jr. (Degree or title): H. R. Lyddon Jr. M.D.
23b. ADDRESS: 1027 E. 75, KCM
23c. DATE SIGNED: 12-31-49

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: DEC 31-1949
24c. NAME OF CEMETERY OR CREMATORY: MT-SALEM CEMETERY
24d. LOCATION (City, town, or county) (State): MACON MISSOURI

DATE REC'D BY LOCAL REG.: Jan 7-50
REGISTRAR'S SIGNATURE: [signature] 136
25. FUNERAL DIRECTOR'S SIGNATURE: O. W. Newcomer's Sons — ADDRESS: 1331 BROSH CREEK KANSAS CITY MO.

(Licensed Embalmer's Statement on Reverse Side)

JAN 9 1950

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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 Bernard L. Horan

Licensed Embalmer No. 4250

P. O. Address K. C. 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.