

FILED FEB 28 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5215

BIRTH NO. _____ REG. DIST. NO. 172 PRIMARY REG. DIST. NO. 4273 Registrar's No. 14

1. PLACE OF DEATH
a. COUNTY **LA FAYETTE**
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) **CONCORDIA**
c. LENGTH OF STAY (in this place) _____
d. FULL NAME OF HOSPITAL OR INSTITUTION **NONE**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE **MISSOURI** b. COUNTY **LA FAYETTE**
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) **CONCORDIA**
d. STREET ADDRESS (If rural, give location) **310 MAIN**

3. NAME OF DECEASED
a. (First) **GIESINA** b. (Middle) _____ c. (Last) **RICKTER**

4. DATE OF DEATH (Month) (Day) (Year)
February 22 1951

5. SEX **FEMALE**

6. COLOR OR RACE **WHITE**

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **WIDOWED**

8. DATE OF BIRTH **November 2, 1874**

9. AGE (In years last birthday) 76
10 UNDER 1 YEAR 3
1 YEAR 20
2 YEARS 0
3 YEARS 0
4 YEARS 0
5 YEARS 0
6 YEARS 0
7 YEARS 0
8 YEARS 0
9 YEARS 0
10 YEARS 0

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **HOUSEWIFE**

10b. KIND OF BUSINESS OR INDUSTRY **NONE**

11. BIRTHPLACE (State or foreign country) **SWEET SPRINGS, Mo**

12. CITIZEN OF WHAT COUNTRY? **USA**

13a. FATHER'S NAME **CARL PRAGMAN**

13b. MOTHER'S MAIDEN NAME **MARGARETTA MEYER**

14. NAME OF HUSBAND OR WIFE **CLAUSS RICKTER**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) **NO**

16. SOCIAL SECURITY NO. **NONE**

17. INFORMANT'S SIGNATURE OR NAME ADDRESS
Louis H. Herring Concordia, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Cerebral thrombosis**
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) **Cerebral arteriosclerosis and hypertensive cardio-vascular disease**
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
6 days

Several years

443 X

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)

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 **March 1, 1950**, to **Feb. 22, 1951**, that I last saw the deceased alive on **Feb 21, 1951**, and that death occurred at **6:00 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE **H. Brady, M.D.**

23b. ADDRESS **Concordia, Mo**

23c. DATE SIGNED **2/22/51**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Burial**

24b. DATE **Feb 24-51**

24c. NAME OF CEMETERY OR CREMATORY **St Pauls**

24d. LOCATION (City, town, or county) (State) **CONCORDIA MO**

DATE REC'D BY LOCAL REG. **Feb 24-1951**
REGISTRAR'S SIGNATURE **Clayton H. Sanderson**

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
Frederick & Deigt Concordia Mo

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

0540

RECEIVED 2.27.51

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed 2.27.51

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 _____

working under my personal supervision.

Student Embalmer No.

Signed _____
Student Embalmer

Signed *E. J. ... - A. G. ...*
2959 1511
Licensed Embalmer No.

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 this body is not embalmed, fact should be so stated above.