No. 300
10.48

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

SEP 2 1952

STANDARD CERTIFICATE OF DEATH

State File No. 28675

BIRTH NO. _____ REG. DIST. NO. 184 PRIMARY REG. DIST. NO. 3038 Registrar's No. 206

1. PLACE OF DEATH
a. COUNTY: LINN
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BROOKFIELD
c. LENGTH OF STAY (in this place): 34 YRS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mc LARNEY HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: LINN
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BROOKFIELD
d. STREET ADDRESS (If rural, give location): 227 WEST DAKE ST.

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

4. DATE OF DEATH (Month) (Day) (Year): AUG. 18, 1952

5. SEX: F
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: DEC. 7, 1872
9. AGE (In years last birthday): 79 — 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): HOUSEWIFE
10b. KIND OF BUSINESS OR INDUSTRY: OWN HOME
11. BIRTHPLACE (State or foreign country): LINNEUS, MO.
12. CITIZEN OF WHAT COUNTRY?: USA.
13a. FATHER'S NAME: SILAS F THOMPSON
13b. MOTHER'S MAIDEN NAME: SARAH SUTTON
14. NAME OF HUSBAND OR WIFE: FRANK RICKER
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO
(If yes, give war or dates of service): NO
16. SOCIAL SECURITY NO.: NONE
17. INFORMANT'S SIGNATURE OR NAME: FRANK RICKER — ADDRESS: BROOKFIELD, 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): Carcinoma of rectum with metastases — INTERVAL BETWEEN ONSET AND DEATH: 18 mos

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

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Chronic nephritis arteriosclerotic

19a. DATE OF OPERATION: Feb 1952
19b. MAJOR FINDINGS OF OPERATION: Carcinoma of rectum with regional node metastases + liver
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?: 154X

22. I hereby certify that I attended the deceased from June, 1952, to Aug 18, 1952, that I last saw the deceased alive on Aug 18, 1952, and that death occurred at 12:35 pm., from the causes and on the date stated above.

23a. SIGNATURE: John R Dunn (Degree or title): MD
23b. ADDRESS: Brookfield, Mo
23c. DATE SIGNED: 8-19-52

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: AUG. 20, 1952
24c. NAME OF CEMETERY OR CREMATORY: ROSE HILL
24d. LOCATION (City, town, or county) (State): BROOKFIELD, MO.

DATE REC'D BY LOCAL REG.: 8-23-52
REGISTRAR'S SIGNATURE: Nadine Stanbach
25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS: WRIGHT FUNERAL HOME, BROOKFIELD, MO

(Licensed Embalmer's Statement on Reverse Side)

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 Harold B. Wright

Licensed Embalmer No. 3718

P. O. Address Brookfield, 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.