

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No.

31495

DECEASED 1952		REG. DIST. NO. 69	PRIMARY REG. DIST. NO. 4120	Registrar's No. 21
1. PLACE OF DEATH a. COUNTY CHRISTIAN		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY CHRISTIAN		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN CLEVER	c. LENGTH OF STAY (In this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN CLEVER	0220	
d. FULL NAME OF HOSPITAL OR INSTITUTION Home		d. STREET ADDRESS (If rural, give location) NO STREET ADDRESS		
3. NAME OF DECEASED (Type or Print)	a. (First) LUTHER	b. (Middle) WILLIAM	c. (Last) RICKMAN	4. DATE OF DEATH (Month) (Day) (Year) SEPT. 22 1952
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED 1	8. DATE OF BIRTH JULY 16-1878	9. AGE (In years last birthday) 74
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MAINTENANCE WAY DEPT.		10b. KIND OF BUSINESS OR INDUSTRY MO-PAC. RR. RETIRED	11. BIRTHPLACE (State or foreign country) STONE CO., MISSOURI	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME JOHN RICKMAN		13b. MOTHER'S MAIDEN NAME BETTY RHODES	14. NAME OF HUSBAND OR WIFE BERTHA M. HOOD, RICKMAN	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. 702-16-5439	17. INFORMANT'S SIGNATURE OR NAME ADDRESS MRS. BERTHA M. RICKMAN, CLEVER, 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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension 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 1 Month
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		331X	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) (Min.)	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 October, 1952 , to Sept , 1952, that I last saw the deceased alive on Sept 20 , 1952, and that death occurred at 7:50 A. m. , from the causes and on the date stated above.				
23a. SIGNATURE (Degree or title) Karl J. Leidinger Jr MD.		23b. ADDRESS Republic, MO.	23c. DATE SIGNED 11-1-52	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL A	24b. DATE SEPT. 24 1952	24c. NAME OF CEMETERY OR CREMATORY OAK GROVE CEMETERY	24d. LOCATION (City, town, or county) (State) STONE CO., MISSOURI	
DATE REC'D BY LOCAL REG. 11-1-52	REGISTRAR'S SIGNATURE Allene Dreer	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS John Alan Harris, Clever, Mo.		

(Licensed Embalmer's Statement on Reverse Side)

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

OCT 14 1952

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.....

John Alagan Harris

Signed.....
Student Embalmer

Licensed Embalmer No. *4390*

P. O. Address *Clever, 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.