No. 300
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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 7377

BIRTH NO. FILED MAR 2 1954 REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 452

1. PLACE OF DEATH
a. COUNTY: ST. LOUIS
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): JEFFERSON BARRACKS, MO.
c. LENGTH OF STAY (in this place): 143 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): VETERANS ADMINISTRATION HOSP.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE: MISSOURI
b. COUNTY: BUTLER
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): POPLAR BLUFF
d. STREET ADDRESS (If rural, give location): 1012 STELLA STREET

3. NAME OF DECEASED (Type or Print): a. (First) CHARLES b. (Middle) FRANKLIN c. (Last) RICKMAN
4. DATE OF DEATH (Month) (Day) (Year): 2-18-54
5. SEX: MALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: 1-19-81
9. AGE (In years last birthday): 73 | 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): RETIRED
10b. KIND OF BUSINESS OR INDUSTRY: GOVT. ENGINEER
11. BIRTHPLACE (State or foreign country): BUTLER COUNTY, MISSOURI
12. CITIZEN OF WHAT COUNTRY?: USA
13a. FATHER'S NAME: FRANKLIN RICKMAN
13b. MOTHER'S MAIDEN NAME: MARY ETTA JACKSON RICKMAN
14. NAME OF HUSBAND OR WIFE: LAURA RICKMAN
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): YES (If yes, give war or dates of service): WWI
16. SOCIAL SECURITY NO.: 1172472
17. INFORMANT'S SIGNATURE OR NAME / ADDRESS: VA HOSPITAL RECORDS, JEFF.BKS, MO.

MEDICAL CERTIFICATION

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) CARCINOMA OF NASAL SEPTUM WITH METASTASES — Interval between onset and death: UNK

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.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
160X
20. AUTOPSY? YES XXX 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* 9-28-53, *19* , *to* 2-18-54, *19* , XXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXX *and that death occurred at* 9:40 A*m., from the causes and on the date stated above.*

23a. SIGNATURE J. T. Kalinskas (signature) (Degree or title) M.D.
23b. ADDRESS: VA HOSP. JEFF. BKS, MO.
23c. DATE SIGNED: 2-18-54

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal-Motor
24b. DATE: 2-19-54
24c. NAME OF CEMETERY OR CREMATORY: Grandvon Cem.
24d. LOCATION (City, town, or county) (State): Granddon, Mo.

DATE REC'D BY LOCAL REG.: 2-19-54
REGISTRAR'S SIGNATURE: Herbert R. Dankers (signature)
25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS: Southern Funeral Home, 6322 S. Grand Blvd.

(Licensed Embalmer's Statement on Reverse Side)

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

MAR 30 1954

APR 15 1954

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 Francis J Wyland Jr.

Licensed Embalmer No. 4512

P. O. Address 6322 So. Gran

Signed.....
Student Embalmer

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

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