

FILED SEP 1 1954

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

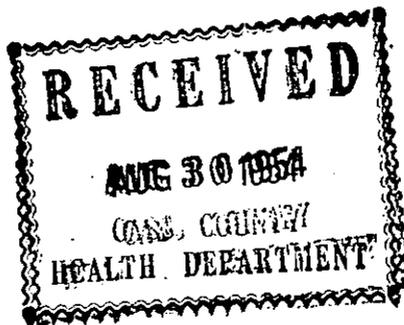
State File No. **26539**

BIRTH NO. _____		REG. DIST. NO. 59		PRIMARY REG. DIST. NO. 4097		Registrar's No. 140	
1. PLACE OF DEATH a. COUNTY Cass				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Boonville			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Harrisonville		c. LENGTH OF STAY (in this place) 16 Days		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Lamar		d. STREET ADDRESS (If rural, give location) 1208 So Grand	
d. FULL NAME OF HOSPITAL OR INSTITUTION Memorial Hospital				d. STREET ADDRESS (If rural, give location) 1208 So Grand			
3. NAME OF DECEASED a. (First) OTTA b. (Middle) ELMER c. (Last) RICKMAN			4. DATE OF DEATH (Month) (Day) (Year) Aug 21 1954				
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Aug 21 1876	
9. AGE (In years last birthday) 78		10. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Missouri		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME William unknown		13b. MOTHER'S MAIDEN NAME unknown		14. NAME OF HUSBAND OR WIFE Lotie 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. 308-09-4272		17. INFORMANT'S SIGNATURE OR NAME McHenry Ford ADDRESS 905 N. Anderson Ave Harrisonville, 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, asthma, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac De-compensation				INTERVAL BETWEEN ONSET AND DEATH 2 hours	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Sensitivity					
		DUE TO (c) Prostatic hypertrophy -					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4343				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 April 1954 , to Aug 21, 1954 , that I last saw the deceased alive on Aug 21, 1954 , and that death occurred at 11 P. m. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Edwards - Jones MD				23b. ADDRESS Harrisonville, Mo		23c. DATE SIGNED 8-21-54	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Aug 23-1954		24c. NAME OF CEMETERY OR CREMATORY East Cemetery		24d. LOCATION (City, town, or county) (State) Lamar Mo	
DATE REC'D BY LOCAL REG. Aug 23, 1954		REGISTRAR'S SIGNATURE Boor Barrard		FURNERAL DIRECTOR'S SIGNATURE Humberger		ADDRESS Harrisonville	

(Licensed Embalmer's Statement on Reverse Side)

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

0191
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SEP 2
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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Ernest Ammerhage

Licensed Embalmer No. 3368

P. O. Address Harrisonville

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.