

FILED JAN 17 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

399

BIRTH NO. _____		REG. DIST. NO. <u>47</u>		PRIMARY REG. DIST. NO. <u>3008</u>		Registrar's No. <u>10</u>	
1. PLACE OF DEATH a. COUNTY <u>CALLAWAY</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>CALLAWAY</u>			
b. CITY (If outside corporate limits, write RURAL and give town) <u>FULTON</u>		c. LENGTH OF STAY (in this place) <u>4 YRS</u>		c. CITY OR TOWN <u>FULTON</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>CALLAWAY HOSPITAL</u>				e. STREET ADDRESS (If rural, give location) <u>8 W. 7th</u> <u>0143</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>CHARLES</u>			b. (Middle) <u>WILSON</u>		c. (Last) <u>RICKARD</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>JAN. 13, 1955</u>
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>NEVER MARRIED</u>	8. DATE OF BIRTH <u>FEB. 17, 1917</u>		9. AGE (In years last birthday) <u>37</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 100 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>MANUFACTURING</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>ST LOUIS CO. MO</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>CHARLES RICKARD</u>			13b. MOTHER'S MAIDEN NAME <u>MARGARET CORLESS</u>		14. NAME OF HUSBAND OR WIFE <u>DR.</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>DR</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Chas Rickard, Flourissant Mo Rd</u>			
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) <u>Pneumonitis</u>  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.					INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>492X</u>					20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)		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 <u>Jan 11, 1955</u> to <u>Jan 13, 1955</u> , that I last saw the deceased alive on <u>Jan 13, 1955</u> , and that death occurred at <u>4:45 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>DR. James M. ...</u>			23b. ADDRESS <u>612 Court St. Fulton Mo</u>		23c. DATE SIGNED <u>1-14-55</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>JAN 16, 1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>ANTIOCH</u>		24d. LOCATION (City, town, or county) (State) <u>MONARCK MO</u>			
DATE REC'D BY LOCAL REG. <u>Jan. 15 - 1955</u>		REGISTRAR'S SIGNATURE <u>Martha Lawrence</u> <u>426-</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Maupin Funeral Home Fulton Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300  
10-48

**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.....  
Signature of Student Embalmer

Signed *Nancy A. Stewart*.....

Licensed Embalmer No. *3722*.....

P. O. Address *Fulton*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.