

FILED JAN 9 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

39738

State File No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 1385

1. PLACE OF DEATH a. COUNTY <b>Buchanan</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Buchanan</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Joseph</b>		c. CITY OR TOWN <b>St. Joseph</b>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <b>32 yrs</b>		e. STREET ADDRESS (If rural, give location) <b>1115 Ridenbaugh St.</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>1115 Ridenbaugh St.</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>JOSEPH</b>	b. (Middle) <b>DELBERT</b>	c. (Last) <b>RICKETT</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>Dec. 23, 1955</b>
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5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Divorced</b>	8. DATE OF BIRTH <b>Aug. 25, 1888</b>	9. AGE (In years last birthday) <b>67</b>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Physician</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Osteopathic</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Brookfield, Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
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13a. FATHER'S NAME <b>Abel Rickett</b>	13b. MOTHER'S MAIDEN NAME <b>Nancy A. Leavy</b>	14. NAME OF HUSBAND OR WIFE <b>Annette</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>	16. SOCIAL SECURITY NO. <b>none</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. D.K. Evans, 3901 Birch Ave. Madison, Wisc.</b>	ADDRESS <b>3901 Birch Ave. Madison, Wisc.</b>
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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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary occlusion</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>signed as an unattended</b> DUE TO (c) <b>death in the city of St Joseph</b>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>4201</b>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from 12-23, 1955, to \_\_\_\_\_, 19\_\_\_\_, that I ~~last saw~~ <sup>last saw</sup> the deceased give on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at 5:00 P.M., from the causes and on the date stated above.

23a. SIGNATURE <b>Richard L. Mayeux M.D.</b>	(Degree or title) <b>City Health Officer</b>	23b. ADDRESS <b>1218 N. 3rd St., City</b>	23c. DATE SIGNED <b>12-24-55</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>12/26/55</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Engelwood Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Clinton, Missouri</b>
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DATE REC'D BY LOCAL REG. <b>Jan. 5, 1956</b>	REGISTRAR'S SIGNATURE <b>Kathleen M. Allison</b>	485-	25. FUNERAL DIRECTOR'S SIGNATURE <b>Heaton - Bowman St Joseph, Mo</b>	ADDRESS
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

*W. Morgan*

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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

*B.S.*  
Signed *William Spalding*

Licensed Embalmer No. *453*

P. O. Address *3195 11th St*

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.