

FILED JAN 9 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 532

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 53 PRIMARY REG. DIST. NO. 3010 Registrar's No. 71

1. PLACE OF DEATH a. COUNTY <b>Cape Girardeau</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Cape Girardeau</b>	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <b>Cape Girardeau</b> )		c. LENGTH OF STAY (in this place) <b>30 yr</b>	c. CITY OR TOWN <b>Cape Girardeau</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Southeast Hospital</b>		STREET ADDRESS (If rural, give location) <b>1305 Droadway</b>	

3. NAME OF DECEASED (Type or Print)	a. (First) <b>Ada</b>	b. (Middle) <b>Ruth</b>	c. (Last) <b>Rickard</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>Jan 5 1956</b>
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5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Oct 2 1888</b>	9. AGE (In years last birthday) <b>67</b>	IF UNDER 1 YEAR Months <b>3</b> Days <b>3</b> Hours <b></b> Min. <b></b>	IF UNDER 14 HRS. Hours <b></b> Min. <b></b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>None</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Fairfield Ind</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A</b>
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13a. FATHER'S NAME <b>Amos Bratton</b>	13b. MOTHER'S MAIDEN NAME <b>Don't Know</b>	14. NAME OF HUSBAND OR WIFE <b>Tom Rickard</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>Thelvan Rickard</b>	ADDRESS <b>Cape Girardeau</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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary Artery Sclerosis</b>		INTERVAL BETWEEN ONSET AND DEATH <b>2 year</b>
	ANTECEDENT CAUSES DUE TO (b) <b>Coronary Thrombosis</b>		
	DUE TO (c) <b>Arteriosclerosis</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) m.	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 **July 14**, 19**56**, to **Jan 5**, 19**56**, that I last saw the deceased alive on **Jan 5**, 19**56**, and that death occurred at **12:15 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>John Crowl</b>	(Degree or title) <b>MD</b>	23b. ADDRESS <b>Cape Girardeau</b>	23c. DATE SIGNED <b>Jan 6, 1956</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>L-7-1956</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Memorial Park</b>	24d. LOCATION (City, town, or county) (State) <b>Cape Girardeau Mo.</b>
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DATE REC'D BY LOCAL REG. <b>1-6-56</b>	REGISTRAR'S SIGNATURE <b>T. C. Summers</b>	44-0	25. FUNERAL DIRECTOR'S SIGNATURE <b>Brinkopf Howell</b>	ADDRESS <b>Hedge Girardeau MO</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 N. E. H. H. G. ROSSHEIDER, Student Embalmer No. 521 working under my personal supervision.

Student Neil H. Grossheider  
Signature of Student Embalmer

Signed W. H. Eates

Licensed Embalmer No. 356

P. O. Address Cape Girardeau

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.