

FILED MAY 28 1956
12-433

STANDARD CERTIFICATE OF DEATH

16099
STATE FILE NUMBER

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 487

1. PLACE OF DEATH a. COUNTY GREENE				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY HOWELL			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR SPRINGFIELD TOWN			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN WEST PLAINS 746		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION BURGE HOSPITAL			Length of stay in lb 10 days		d. STREET ADDRESS (If outside, give location) 713 W. BROADWAY		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First CLIFF Middle RICKARD Last RICKARD				4. DATE OF DEATH Month MAY Day 23 Year 1956			
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH April 2, 1899		9. AGE (In years last birthday) 57	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MINISTER			10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) IOWA		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME EDGAR RICKARD				14. MOTHER'S MAIDEN NAME ? TOBIAS			
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. ?		17. INFORMANT Address HARRY RICKARD, WEST PLAINS, MO.			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocardial Infarction due to atherosclerotic Coronary Thrombosis Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Pneumonia, Right Lower Lobe DUE TO (c) 10 days PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 4.201.							INTERVAL BETWEEN ONSET AND DEATH 10 days 10 days
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/> Drive		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)					
20c. TIME OF INJURY Hour 2 Month May Day 14 Year 1956 m. 10 P. 10							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION SPRINGFIELD		COUNTY HOWELL STATE MISSOURI	
21. I attended the deceased from May 14, 1956 to May 23, 1956 and last saw ^{him} him alive on May 23, 1956 Death occurred at 2:10 P.M. m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) W. J. Paul, M.D.				22b. ADDRESS 609 Cherry, Springfield, Mo.		22c. DATE SIGNED 5/23/56	
23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		23b. DATE 5/23/56	23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town, or County) WEST PLAINS, MISSOURI		
24. FUNERAL DIRECTOR ADDRESS H. H. LOHMEYER, SPRINGFIELD, MO			25. DATE RECD. BY LOCAL REG. 5-25-56		26. REGISTRAR'S SIGNATURE Earl W. Williams		

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was
by me, or by, Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Lucian J. Swain*.....

Licensed Embalmer No. *4*

P. O. Address *Spring*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING
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.