0.300
0.48

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

FILED MAY 17 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 16565

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 1876

1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Kansas City
c. LENGTH OF STAY (in this place) 28 Years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 416 North Quincy

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY Jackson
c. CITY OR TOWN Kansas City
d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐
e. STREET ADDRESS (If rural, give location) 416 North Quincy 30180

3. NAME OF DECEASED (Type or Print)
a. (First) George
b. (Middle) H.
c. (Last) Ricker

4. DATE OF DEATH (Month) (Day) (Year) April 27, 1956

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH Sept. 10, 1879
9. AGE (In years last birthday) 76
IF UNDER 1 YEAR: Months ___ Days ___
IF UNDER 24 HRS.: Hours ___ Min. ___
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired
10b. KIND OF BUSINESS OR INDUSTRY Milling Co.
11. BIRTHPLACE (City and State or Foreign Country) Lowell, Massachusetts
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME George S. Ricker
13b. MOTHER'S MAIDEN NAME Eudora Stockbridge
14. NAME OF HUSBAND/OR WIFE ~~Deceased~~ Estella Mae
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 510-05-6422
17. INFORMANT'S SIGNATURE OR NAME Dorothy E. Ricker, ADDRESS 416 N. Quincy

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Pulmonary Edema — INTERVAL BETWEEN ONSET AND DEATH: 8 hours

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Pulmonary Emphysemia + Cardiac Asthma — 5 years
DUE TO (c) Chronic Myocarditis — unknown

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* — 561 D

19a. DATE OF OPERATION 4-24-56
19b. MAJOR FINDINGS OF OPERATION Strangulated left Inguinal Hernia
20. AUTOPSY? YES ☐ NO ☒

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Aug, 1953, *to* 4-27, 1956 *that I last saw the deceased alive on* 4-27, 1956, *and that death occurred at* 10 25 P m., *from the causes and on the date stated above.*

23a. SIGNATURE Paul A. Kienberger (Degree or title) MD
23b. ADDRESS 5246 St John
23c. DATE SIGNED 4-28-56

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 4/30/56
24c. NAME OF CEMETERY OR CREMATORY Floral Hills
24d. LOCATION (City, town, or county) (State) Kansas City, Jackson, Missouri

DATE REC'D BY LOCAL REG. 4-30-56
REGISTRAR'S SIGNATURE Neva Minshall
25. FUNERAL DIRECTOR'S SIGNATURE Stine & McClure Und. Co. K.C. Missouri
ADDRESS

(Licensed Embalmer's Statement on Reverse Side)

Paul A Kienberger
5246 St John (St John & Hardesty)
Be-1-0141
In office at once

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was en

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Elmo D. Zipale

Licensed Embalmer No. 48

P. O. Address Kansas

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.