

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED NOV 26 1956

State File No. **39094**  
**230**

BIRTH NO. _____		REG. DIST. NO. <b>295</b>		PRIMARY REG. DIST. NO. <b>4443</b>		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY <b>Randolph</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Randolph</b>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Huntsville</b>		c. LENGTH OF STAY (in this place) <b>11 mon.</b>		c. CITY OR TOWN <b>Huntsville</b>		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 <b>Main Street</b>				e. STREET ADDRESS (If rural, give location) <b>Main Street</b>			
3. NAME OF DECEASED (Type or Print) s. (First) <b>Clayton</b> b. (Middle) <b>Lyman</b> c. (Last) <b>Rickard</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Nov. 13-20, 1956</b>				
5. SEX <b>male</b>		6. COLOR OR RACE <b>white</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>		8. DATE OF BIRTH <b>January 15, 1916</b>	
9. AGE (In years last birthday) <b>40</b>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 24 HRS. Hours _____ Mins. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>heavy equip. operator</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>Int. Harvester</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Kansas</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>
13a. FATHER'S NAME <b>Don't know</b>			13b. MOTHER'S MAIDEN NAME <b>Grace Harlow</b>		14. NAME OF HUSBAND OR WIFE <b>Floie M. Rickard</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>yes World War II</b>			16. SOCIAL SECURITY NO. <b>509-01-4927</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. Floie M. Rickard: Huntsville, Missouri</b>		
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>By Shotgun Self Inflicted</b>					INTERVAL BETWEEN ONSET AND DEATH
		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.					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>Suicide</b>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Home</b>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>Huntsville Randolph MO</b>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>Nov. 18-20 1956 m.</b>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>Shotgun blast to left chest.</b>			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE <b>Dr. S. Jally</b> (Degree or title)			23b. ADDRESS <b>203 1/2 N. Clark, Roberts, Mo</b>		23c. DATE SIGNED <b>11-21-56</b>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>		24b. DATE <b>11-23-1956</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Huntsville Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Huntsville, Missouri</b>	
DATE REC'D BY LOCAL REG. <b>11-22-1956</b>		REGISTRAR'S SIGNATURE <b>Mary H. Bentley</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Tom B. Patton Huntsville</b>			

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

82-0

*mo*

Nov 20 1956

1956

Very did in give time of death, the has been according to witness from Nov 18<sup>th</sup> 1956 9 am.  
died Nov 20, 1956 12 noon  
- *Dr. J. J. Kelly, Sr. Coroner*

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 *Tom B. Patton*

Licensed Embalmer No. *3917*

P. O. Address *Huntsville*

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.