

Health,
& Welfare
S. Public
with Service

FILED NOV 5 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

38046
STATE FILE NUMBER
1003
Registrar's No. 10192

Registration District No. 318 Primary Registration District No.

S. 300
v. 1-57

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY ST. FRANCIS	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS, MO.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN FARMINGTON, MO
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 13 INEARNATE WOOD. 1 HOUR		Length of stay in 1b	d. STREET ADDRESS (If outside, give location) 31 RURAL AREA

3. NAME OF DECEASED (Type or print) First Middle Last MARY CAROLINE RICKUS			4. DATE OF DEATH Month Day Year 10 / 29 / 1957			
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5. SEX F.	6. COLOR OR RACE WHITE	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 8/31/1872	9. AGE (In years last birthday) 85	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE KEEPER		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) FARMINGTON ST. FRANCIS MO	12. CITIZEN OF WHAT COUNTRY? U. S. A.
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13a. FATHER'S NAME JOHN RICKUS		13b. MOTHER'S MAIDEN NAME CAROLINE MEYER		14. NAME OF HUSBAND OR WIFE NONE	
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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) NO		16. SOCIAL SECURITY NO. NONE	17. INFORMANT HENRY RICKUS FARMINGTON	Address
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocarditis			INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) _____			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Generalized Arteriosclerosis			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		
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20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.			
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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 COUNTY STATE	
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21. I attended the deceased from July 1955 to October 29, 1957 and last saw her alive on October 28, 1957
Death occurred at 12:30 P.M. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Thomas F. Summer, M.D.	22b. ADDRESS 3857 Lindell St. Louis 8	22c. DATE SIGNED 10-30-57
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23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 10-30-57	23c. NAME OF CEMETERY OR CREMATORY K. of P. CEMETERY	23d. LOCATION (City, town, or county) (State) FARMINGTON MO.
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24. FUNERAL DIRECTOR MILLER FUNERAL HOME FARMINGTON	ADDRESS	25. DATE RECD. BY LOCAL REG. OCT 30 '57	26. REGISTRAR'S SIGNATURE Carl Smith MD
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(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

STATEMENT BY LICENSED EMBALMER

NOT EMBALMED

Ed Wallace for Miller Funeral Home

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

Licensed Embalmer No.

P. O. Address

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.