

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-040408

STATE FILE NUMBER

FILED NOV 26 1958

Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 539

1. PLACE OF DEATH a. COUNTY <u>Jasper</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Jasper</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Joplin Mo</u>		c. CITY OR TOWN <u>Sarcosie Mo</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Gen Hosp</u>		d. STREET ADDRESS <u>R 7 & II</u>	
Length of stay in 1b <u>3 wks</u>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) <u>Fred S. Rickner</u>			4. DATE OF DEATH <u>Nov 15-1958</u>		
5. SEX <u>M</u>			6. COLOR OR RACE <u>W</u>		
7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>			8. DATE OF BIRTH <u>4-23-1886</u>		
9. AGE (In years last birthday) <u>72</u>			10. IF UNDER 1 YEAR Months <u>0</u> Days <u>0</u> Hours <u>0</u> Min. <u>0</u>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired farmer</u>			11. BIRTHPLACE (City and state or country) <u>Jasper Co, Mo</u>		
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			13. FATHER'S NAME <u>Wm Rickner</u>		
14. MOTHER'S MAIDEN NAME <u>Jane Spencer</u>			15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		
16. SOCIAL SECURITY NO. <u>2</u>			17. INFORMANT <u>Lulu Rickner Sarcosie Mo</u>		

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Circulatory Failure</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u>
DUE TO (b) <u>Myocardial Regeneration</u>		
DUE TO (c) _____		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) <u>blepharospasm, shortness of breath, diabetes mellitus, nephrosclerosis</u>		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.) <u>442X</u>	
20c. TIME OF INJURY Hour _____ Month _____ Day _____ Year _____ a. m. _____ p. m. _____		
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 _____
21. I attended the deceased from <u>12-26-58</u> to <u>11-15-58</u> and last saw <u>alive</u> on <u>11-15-58</u> Death occurred at <u>6:15 P M</u> on the date stated above; and to the best of my knowledge, from the causes stated.		
22a. SIGNATURE (Printer or title) <u>R Nordstrom, M.D.</u>		22b. ADDRESS <u>Sarcosie, Mo.</u>
22c. DATE SIGNED <u>11/15/58</u>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>Nov 16-58</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Arash Munnis Park</u>
23d. LOCATION (City, town, or county) <u>Joplin Mo</u>		(State) _____
24. FUNERAL DIRECTOR <u>Jackson & Sons Sarcosie Mo</u>		25. DATE RECD. BY LOCAL REG. <u>11-19-58</u>
26. REGISTRAR'S SIGNATURE <u>Dove Merriam</u>		

(Licensed Embalmer's Statement on Reverse Side)

Cause of death must be causally related. Coroner cannot certify to a death due to natural causes. No symptoms will be listed. All

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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1-56

VS MAR 25 1967

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.....
Wm H Jackson

Licensed Embalmer No. 39

P. O. Address.....
Sanca

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.