

URI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-038519

FILED VS NOV 16 1959

317

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2928

STATE FILE NUMBER

Registration District No. _____ Primary Registration District No. _____ Registrar's No. _____

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY St. Louis	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Winchester		Length of stay in 1b 10 Mos.	c. CITY OR TOWN Grover Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Manchester Nursing Home		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) H1 # 100 Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Annie Middle Mary Last Rickard			4. DATE OF DEATH Month Nov. Day 3 Year 1959		
5. SEX female	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 Nov 23-80	9. AGE (last birthday) 78	IF UNDER 1 YEAR Months _____ Days _____ Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housework		10b. KIND OF BUSINESS OR INDUSTRY own home	11. BIRTHPLACE (City and state or country) Franklin Co., Mo	12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME Albert Paubel		13b. MOTHER'S MAIDEN NAME Caroline Hensler		14. NAME OF HUSBAND OR WIFE Henry Rickard	
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. no	17. INFORMANT Address Henry Rickard Grover, Missouri		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) HYPOSTATIC BRONCHO-PNEUMONIA		INTERVAL BETWEEN ONSET AND DEATH ?
DUE TO (b) CARDIO-VASCULAR DISEASE		?
DUE TO (c) SENILITY		?
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) NONE		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown

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.)	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m.	Month, Day, Year _____		
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 **MAY 15, 1959** to **NOV. 3, 1959** and last saw her ^{her} _{him} alive on **NOV. 3, 1959**
Death occurred at **6:45 P.** m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE B.R. Loving, M.D. (Degree or title)	22b. ADDRESS BALLWIN, Mo.	22c. DATE SIGNED 11-4-59
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 11-6-59	23c. NAME OF CEMETERY OR CREMATORY BETHEL
23d. LOCATION (City, town, or county) POND, Mo.		23e. REGISTRAR'S SIGNATURE John C. Murphy, M.D.

24. FUNERAL DIRECTOR Schrader Funeral Home Ballwin Mo.	25. DATE RECD. BY LOCAL REG. 11-5-59	26. REGISTRAR'S SIGNATURE John C. Murphy, M.D.
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DOCUMENT
MEDICAL CERTIFICATION
BY AFFIDAVIT OF

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

Richard M. Pop

Licensed Embalmer No.

4584

P. O. Address

Ballwin,

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.