

Registration District No. 65 Primary Registration District No. _____ Registrar's No. 5

1. PLACE OF DEATH a. COUNTY <u>CHARITON</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>CHARITON</u>									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>BRUNSWICK MO</u>		Length of stay in 1b		c. CITY OR TOWN <u>BRUNSWICK MO</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>							
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>CITY</u>			Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>						
3. NAME OF DECEASED (Type or print) * First Middle Last <u>CHESTER ARTHUR RICKMAN</u>				4. DATE OF DEATH Month Day Year <u>11 - 26 - 1959</u>									
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>9-19-1884</u>		9. AGE (last birthday) <u>75</u>		IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HR	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RAILROAD</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>SECTION HANDS RET SALINE COUNTY MO</u>				11. BIRTHPLACE (City and state or country) <u>U.S.A.</u>		12. CITIZEN OF WHAT COUNTRY			
13a. FATHER'S NAME <u>DARNEY RICKMAN</u>				13b. MOTHER'S MAIDEN NAME <u>ROSIE-LAWSON</u>				14. NAME OF HUSBAND OR WIFE <u>-</u>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>				16. SOCIAL SECURITY NO. <u>106079180</u>				17. INFORMANT <u>PERSONAL PAPERS</u>					
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:												INTERVAL BETWEEN ONSET AND DEATH	
IMMEDIATE CAUSE (a) <u>Cardiact Failure (Hypertrophy Heart)</u>													
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) <u>Diabetic and over weight 259</u>											
		DUE TO (c) <u>Quit taking digatilis 30 days past</u>											
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)										PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input 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 <u>Aug. 1957</u> to <u>Sept; 2 59</u> and last saw him alive on <u>Sept; 2nd - 59</u> Death occurred at <u>Nov. 26 -59 7 PM</u> on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE <u>L. Feter D D</u> (Degree or title)				22b. ADDRESS <u>Brunswick MO</u>				22c. DATE SIGNED <u>Nov 30 59</u>					
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE <u>11 30 - 1959</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Elliot Grove Cem Brunswick Mo</u>				23d. LOCATION (City, town, or county) <u>Brunswick Mo</u>					
24. FUNERAL DIRECTOR <u>L & M Cussey Brunswick Mo</u>				25. DATE RECD. BY LOCAL REG. <u>Nov 30 - 1959</u>		26. REGISTRAR'S SIGNATURE <u>Dovie Smith</u>							

DOCUMENT

MEDICAL CERTIFICATION

Mary L. Feter 100.

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 J. E. McCurry

Licensed Embalmer No. 4806
P. O. Address Brunswick

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.