

FEDERAL DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-007620

FILED VS FEB 17 1960 278

Registration District No. 4415 Registrar's No. 20

STATE FILE NUMBER

INDEXED

1. PLACE OF DEATH a. COUNTY PIKE		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO b. COUNTY PIKE	
b. CITY (If outside corporate limits, give TOWNSHIP only) CLARKSVILLE		c. CITY OR TOWN CLARKSVILLE	
Length of stay in 1b 25 YRS		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION DUVALL MOTEL APTTS.		d. STREET ADDRESS (If outside, give location) DUVALL MOTEL APTTS.	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First SUDY Middle LEDBETTER Last RICKARD			4. DATE OF DEATH Month FEB Day 12 Year 1960			
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5. SEX MALE	6. COLOR OR RACE W	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 4/30/1878	9. AGE (last birthday) 81	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HR Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CHIROPPICTOR	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) CLARKSVILLE MO	12. CITIZEN OF WHAT COUNTRY USA
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13a. FATHER'S NAME WILEY CAMPBELL	13b. MOTHER'S MAIDEN NAME MARTHA FOX	14. NAME OF HUSBAND OR WIFE EUGENE O. RICKARD
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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. 496-12-6175	17. INFORMANT LEONARD RICKARD Address ST LOUIS, MO.
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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:		INTERVAL BETWEEN ONSET AND DEATH ?
IMMEDIATE CAUSE (a) Coronary Thrombosis		
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)	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
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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 _____ 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 _____
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21. I attended the deceased from _____ to _____ and last saw him/her on **Feb 12**
Death occurred at **6 AM** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE J. A. Wild	(Degree or title) Coroner	22b. ADDRESS Beulah Green Mo	22c. DATE SIGNED 2-12-60
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23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 2-15-60	23c. NAME OF CEMETERY OR CREMATORY GREEN WOOD	23d. LOCATION (City, town, or county) (State) CLARKSVILLE MO.
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24. FUNERAL DIRECTOR CARROLL COLLIER	ADDRESS CLARKSVILLE	25. DATE RECD. BY LOCAL REG. 2-13-60	26. REGISTRAR'S SIGNATURE Bernice Collier
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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
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.