

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-037663

STATE FILE NUMBER

Registration District No. 187 Primary Registration District No. 3040 Registrar's No. 188

FILED OCT 30 1961

1. PLACE OF DEATH a. COUNTY LIVINGSTON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO. b. COUNTY LIVINGSTON	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN CHILLICOTHE	Length of stay in 1b 3 YRS.	c. CITY OR TOWN CHILLICOTHE	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 818 LOCUST ST.	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 818 LOCUST ST.	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last FRANKLIN WEBSTER RICKENBRODE			4. DATE OF DEATH Month Day Year OCTOBER 19 1961			
5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 8/6/1860	9. AGE (last birthday) 101	IF UNDER 1 YEAR Months Days	IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED FARMER		10b. KIND OF BUSINESS OR INDUSTRY FARMING	11. BIRTHPLACE (City and state or country) CLARION CO., PENN.		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME SOLOMON RICKENBRODE		13b. MOTHER'S MAIDEN NAME MARY LILLY		14. NAME OF HUSBAND OR WIFE ANN ALINA ROBERTS		
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.		17. INFORMANT Address HOLTON RICKENBRODE; AVALON, MO.	

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u><i>Mycocarditis</i></u> DUE TO (b) <u><i>arteriosclerosis</i></u> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH ? ?
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 Month, Day, Year 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 3-6-1950 to Oct 19-61 and last saw ^{her}him alive on Oct 18-61
Death occurred at 12:45 P m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>Joseph F. Gale M.D.</u> (Degree or title)		22b. ADDRESS <u>Chillicothe, Mo.</u>		22c. DATE SIGNED <u>10-21-61</u>
22d. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	22b. DATE 10/22/61	22c. NAME OF CEMETERY OR CREMATORY AVALON CEMETERY	22d. LOCATION (City, town, or county) (State) AVALON, MISSOURI	
24. FUNERAL DIRECTOR NORMAN FUNERAL HOME: Chillicothe, Mo.		25. DATE RECD. BY LOCAL REG. <u>Oct 21, 1961</u>	26. REGISTRAR'S SIGNATURE <u>Annalce Taylor</u>	

DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO. SHOULD READ

MAY 5 1966

FEB 1 1962

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

John T. Rodgers

Licensed Embalmer No. 4963

P. O. Address CHILLICOTHE, MISS

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: