

OURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-045432

STATE FILE NUMBER

AMENDED

Registration District No. 175 Primary Registration District No. 4275 Registrar's No. 23

FILED JAN 15 1962

1. PLACE OF DEATH a. COUNTY Lawrence b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Marionville Length of stay in 1b 18 yrs. c. CITY OR TOWN Marionville Inside Limits Yes [x] No [ ] d. STREET ADDRESS (If outside, give location) 405 Frisco Street Reside on Farm Yes [ ] No [x]

3. NAME OF DECEASED (Type or print) First Middle Last Off Rickman 4. DATE OF DEATH Month Day Year December 29, 1961

5. SEX Male 6. COLOR OR RACE White 7. Married [x] Never Married [ ] Widowed [ ] Divorced [ ] 8. DATE OF BIRTH March 3, 1882 9. AGE (last birthday) 79 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) Stone County, Mo. 12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME Byron Rickman 13b. MOTHER'S MAIDEN NAME Lucinda Short 14. NAME OF HUSBAND OR WIFE Ethel Rickman

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 Mrs. Betty Soutte, Marionville, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute Myocardial Infarction Interval Between ONSET AND DEATH Instant DUE TO (b) Coronary Occlusion Instant DUE TO (c) Congestive Heart Disease; Enlargement Marked Cardiac Years 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. [ ] Yes [ ] No [ ] Unknown

19. WAS AUTOPSY PERFORMED? YES [ ] NO [x] 20a. ACCIDENT SUICIDE HOMICIDE [ ] [ ] [ ] 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 a.m. p.m.

20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ] 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 April, 1960 to and last saw him alive on 11/20/61 Death occurred at 2:45 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) A. P. Lepetti M.D. 22b. ADDRESS Crane, Missouri 22c. DATE SIGNED 12/30/61

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE Dec. 31, 1961 23c. NAME OF CEMETERY OR CREMATORY Odd Fellows Cemetery 23d. LOCATION (City, town, or county) (State) Marionville, Missouri

24. FUNERAL DIRECTOR ADDRESS Bradford-Surridge Marionville, Mo. 25. DATE RECD. BY LOCAL REG. 12/31/61 26. REGISTRAR'S SIGNATURE Mustard Winter M.D.

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 William A. Fulks

Licensed Embalmer No. 4658

P. O. Address Marionville

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.