

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-023796
STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 175 Primary Registration District No. 4275 Registrar's No. 108

1. PLACE OF DEATH **FILED JUL 5 1962**
 a. COUNTY **Lawrence County**
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN **Marionville** Length of stay in lb **20 years**
 c. CITY OR TOWN **Marionville** Inside Limits Yes No
 d. STREET ADDRESS (If outside, give location) **405 Frisco Street** Reside on Farm Yes No

3. NAME OF DECEASED First **Ethel** Middle **Jane** Last **Rickman** 4. DATE OF DEATH Month **June** Day **26** Year **1962**

5. SEX **Female** 6. COLOR OR RACE **white** 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH **July 8, 1893** 9. AGE (last birthday) **68**
 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) **Housewife** 10b. KIND OF BUSINESS OR INDUSTRY **Home** 11. BIRTHPLACE (City and state or country) **Stone County, Missouri** 12. CITIZEN OF WHAT COUNTRY **USA**

13a. FATHER'S NAME **John Gold** 13b. MOTHER'S MAIDEN NAME **Martha Jackson** 14. NAME OF HUSBAND OR WIFE **Off Rickman**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) **no** 16. SOCIAL SECURITY NO. **no** 17. INFORMANT **Y. B. Rickman, Marionville, Missouri.** Address

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
 PART I. DEATH WAS CAUSED BY:
 IMMEDIATE CAUSE (a) **Metastatic Carcinoma To Brain** INTERVAL BETWEEN ONSET AND DEATH **5 days**
 (b) **Brain**
 (c) **Primary Carcinoma Rt. Breast** **1 year**

CONDITIONS, if any, which gave rise to above cause (a), stating the underlying cause last.
 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 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
 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 **Jan - 1962** to **June 26, 1962** and last saw her alive on **June 25, 1962**
 Death occurred at **4:15 a.** m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE **A. P. Capetti** (Degree or title) 22b. ADDRESS **M.O. Curry, Mo.** 22c. DATE SIGNED **6-27-62**

23a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 23b. DATE **June 28, 1962** 23c. NAME OF CEMETERY OR CREMATORY **I. O. O. F. Cemetery** 23d. LOCATION (City, town, or county) (State) **Marionville, Missouri.**

24. FUNERAL DIRECTOR **Bradford-Surrridge, Marionville, Mo.** ADDRESS 25. DATE RECD. BY LOCAL REG. **6-27-62** 26. REGISTRAR'S SIGNATURE **George Langley per A. Phillips**

(Licensed Embalmer's Statement on Reverse Side)

Dr. Capetti
USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF DOCUMENT
 DATE AMENDED
 2
 VS 300 Rev. 4/59
 b550
 3550
 3
 4 1
 5 Z
 6
 7 0
 8 Z
 9 170X
 10
 11
 1290-0
 13 1-0
 ITEM NO. SHOULD READ
 BY AFFIDAVIT OF

Sealed Embalming Signature

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.