

No. 300  
10.48

MAY 26 1952

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 34

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 137 PRIMARY REG. DIST. NO. 3023 Registrar's No. 34

1. PLACE OF DEATH a. COUNTY <b>HENRY</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Henry</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>CLINTON</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Clinton</b>	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) <b>South Main Street</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>WETZEL HOSPITAL</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>MYRILE</b> b. (Middle) <b>ALICE</b> c. (Last) <b>MARSEILLES</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>5 18 52</b>		
5. SEX <b>FE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>WIDOW</b>	8. DATE OF BIRTH <b>JULY 1 1877</b>	9. AGE (In years last birthday) <b>74</b>	10. IF UNDER 1 YEAR Days <b>10 17</b> IF UNDER 24 HRS. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>OSTEOPATHIC PHYSICIAN</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>D.O.</b>	11. BIRTHPLACE (State or foreign country) <b>BROOKFIELD MISSOURI</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A</b>

13a. FATHER'S NAME <b>Abel Rickett</b>	13b. MOTHER'S MAIDEN NAME <b>Nancy Alice Rickett</b>	14. NAME OF HUSBAND OR WIFE <b>William M -</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>	16. SOCIAL SECURITY NO. <b>none</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Grady Spangler Clinton</b> ADDRESS

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>cerebral emboli</b>		INTERVAL BETWEEN ONSET AND DEATH <b>3 days</b>
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____		
	DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>hypertension</b>		<b>5-18-52</b>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **5-12**, 19**52**, to **5-18**, 19**52**, that I last saw the deceased alive on **5-17**, 19**52**, and that death occurred at **6:30 P** m., from the causes and on the date stated above.

23a. SIGNATURE <b>R. J. Powell</b> (Degree or title) <b>MD</b>	23b. ADDRESS <b>Clinton Mo</b>	23c. DATE SIGNED <b>5-21-52</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>5-21-52</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Englewood Cemetery</b>
		24d. LOCATION (City, town, or county), (State) <b>Clinton Missouri</b>

DATE REC'D BY LOCAL REG. <b>May-21-52</b>	REGISTRAR'S SIGNATURE <b>Florence Adams</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>W. J. Williamson</b> ADDRESS <b>Clinton</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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**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. 2478

working under my personal supervision.

Student .....  
Student Embalmer

Signed Fred Wilkerson

Licensed Embalmer No. 2478

P. O. Address Clinton Mo

**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 this body is not embalmed, fact should be so stated above.