

FILED FEB 10 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1964

BIRTH NO. _____ REG. DIST. NO. 273 PRIMARY REG. DIST. NO. 3051 Registrar's No. 12

0791

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>PERRY</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>PERRY</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>PERRYVILLE</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>PERRYVILLE</u>	
c. LENGTH OF STAY (in this place) <u>1 yr</u>		d. STREET ADDRESS (If rural, give location) <u>223 MAGNOLIA</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>NONE</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>GRAFTON</u> b. (Middle) <u>AUGUST</u> c. (Last) <u>RICKARD</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>JAN 28 1950</u>		
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>FEB 26 1858</u>	9. AGE (In years last birthday) <u>91</u>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>SCHOOL TEACHER</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>ST. GENEVIEVE CO. MO</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>

13a. FATHER'S NAME <u>JACOB RICKARD</u>	13b. MOTHER'S MAIDEN NAME <u>SARAH JANE SMITH</u>	14. NAME OF HUSBAND OR WIFE <u>AMANDA KALUNDICIS</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <u>Mr. Dorothy Kison Cornwell Mrs.</u> ADDRESS _____
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>30 min</u> <u>10 hrs</u> <u>4:20 P</u>
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Atherosclerosis</u> DUE TO (c) <u>Heart Disease</u>		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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)
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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? <u>Stroke</u>
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22. I hereby certify that I attended the deceased from Feb 26, 1949 to Jan 28, 1950, that I last saw the deceased alive on Jan 28, 1950, and that death occurred at 6:15 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>[Signature]</u> (Degree or title) <u>MD</u>	23b. ADDRESS <u>Perryville, Mo</u>	23c. DATE SIGNED <u>1-30-50</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>JAN 31 1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>VALLE SPRING</u>	24d. LOCATION (City, town, or county) (State) <u>ST. GENEVIEVE MO</u>
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DATE REC'D BY LOCAL REG. <u>Jan 31-1950</u>	REGISTRAR'S SIGNATURE <u>[Signature]</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u> ADDRESS <u>St. Genevieve Mo</u>
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(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

FEB 8 1950

DISTRICT HEALTH OFFICE No. 4

File No. 250-185

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.

Signed Geo. C. Parker.....

Signed.....
Student Embalmer

Licensed Embalmer No. 1985.....

P. O. Address Dr. Conemaugh 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.