

FILED-MAR-11 1950

STANDARD CERTIFICATE OF DEATH

State File No. 5755

BIRTH NO. REG. DIST. NO. 282 PRIMARY REG. DIST. NO. 4426 Registrar's No. 27

1. PLACE OF DEATH a. COUNTY <u>Polk</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Polk</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Fair Play</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Fair Play</u>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) <u>J. C.</u> b. (Middle) <u>Rickman</u> c. (Last) <u>Rickman</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 23 1950</u>		
5. SEX <u>0</u> <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Apr. 14 1865</u>	9. AGE (In years last birthday) <u>84</u>	IF UNDER 1 YEAR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Cedar County, Mo.</u>	
				12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	

13a. FATHER'S NAME <u>Henry Rickman</u>		13b. MOTHER'S MAIDEN NAME <u>Malinda Emerson</u>		14. NAME OF HUSBAND OR WIFE <u>Betty Rickman Fair Play Mo.</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Ruth Akins, Fair Play, Mo.</u> 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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arteriosclerosis (Last illness - 1 wk)</u>		INTERVAL BETWEEN ONSET AND DEATH <u>year</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>General debility and age</u>		
	DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			<u>500</u>

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT (Specify) SUICIDE HOMICIDE		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)		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 Feb. 9th 1945, to Feb 23rd, 1950, that I last saw the deceased alive on Feb. 23rd 50 and that death occurred at 4:45 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Rudolph F. Wilson</u> (Degree or title) <u>CO.</u>		23b. ADDRESS <u>Fair Play, Mo.</u>		23c. DATE SIGNED <u>2/27/50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Feb 27-1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Lindley Prairie</u>	
24d. LOCATION (City, town, or county) (State) <u>Bear Creek, Mo.</u>		DATE REC'D BY LOCAL REG. <u>March 1-50</u>		REGISTRAR'S SIGNATURE <u>Ralph Garden</u>	
FUNERAL DIRECTOR'S SIGNATURE <u>Quell Harold Barker</u>		ADDRESS <u>Green &amp; Blue, Fair Play, Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

840

RECEIVED

District Health Officer No. 7;

District File Number 2-58-19

Date Filed 3-10-50

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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. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed William B. Erwin

Licensed Embalmer No. 3092

P. O. Address Balwin, 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.