S. No. 300
V. 10-48

7853

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

FILED JUN 11 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 17650

BIRTH NO. _____ REG. DIST. NO. 294 PRIMARY REG. DIST. NO. 3056 Registrar's No. 186

1. PLACE OF DEATH
a. COUNTY: Randolph
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moberly
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 401 Horsley

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Randolph
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moberly 0883
d. STREET ADDRESS (If rural, give location): 401 Horsley

3. NAME OF DECEASED (Type or Print)
a. (First): Forrest
b. (Middle): N
c. (Last): RICKABAUGH Rickabough

4. DATE OF DEATH (Month) (Day) (Year): June 1st 1951

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: June 25th 1890
9. AGE (In years last birthday): 60 — IF UNDER 1 YEAR: Months 11, Days 6 — IF UNDER 24 HRS.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): machinist
10b. KIND OF BUSINESS OR INDUSTRY: Wabash RR
11. BIRTHPLACE (State or foreign country): Mo
12. CITIZEN OF WHAT COUNTRY?:
13a. FATHER'S NAME: RICKABAUGH Louis Rickabough
13b. MOTHER'S MAIDEN NAME: Annie Grimes
14. NAME OF HUSBAND OR WIFE: Susie G.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): ✓ (If yes, give war or dates of service): ✓
16. SOCIAL SECURITY NO.: 703-01-0909
17. INFORMANT'S SIGNATURE OR NAME: Mrs F.N. Rickabough RICKABAUGH — **ADDRESS**: Moberly Mo

MEDICAL CERTIFICATION

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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Hypertension

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*

DUE TO (b): Cerebral Hemorrhage

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

INTERVAL BETWEEN ONSET AND DEATH:

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: 331 X
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT? SUICIDE? HOMICIDE? (Specify): no
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) Moberly (COUNTY) Randolph (STATE) Mo
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from _____, 19__, to _____, 19__, that I last saw the deceased alive on* 6/1, 1951, *and that death occurred at* 3:45 a m., *from the causes and on the date stated above.*

23a. SIGNATURE: J. Hammond (Degree or title) D.O.
23b. ADDRESS: Moberly Mo
23c. DATE SIGNED: 6-1-51

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: June 3-51
24c. NAME OF CEMETERY OR CREMATORY: Oakland
24d. LOCATION (City, town, or county) (State): Moberly Mo

DATE REC'D BY LOCAL REG.: 6-1-51
REGISTRAR'S SIGNATURE: Earl Williams
25. FUNERAL DIRECTOR'S SIGNATURE: Louis Mahan and Son — **ADDRESS**: Moberly Mo

(Licensed Embalmer's Statement on Reverse Side)

Date Received: JUN 1 1951
DISTRICT HEALTH OFFICE #2
District File Number 6-51-102
Date Filed: JUN 4 1951

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 Frank D. Witt

Licensed Embalmer No. 3021

P. O. Address Moberly, 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.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of Missouri } ss.
County of Randolph }

State File No. 17650

AFFIDAVIT FOR CORRECTION OF A RECORD

Local Registrar's No.

On this 18 day of June, 1957, before me appears Mrs F. N. Rickabaugh, who, upon her oath, states that the original record of ~~birth~~ death for Forrest N Rickabaugh died ~~born~~ 6-1-51, 19, in the State of Missouri, and which was filed at Moberly on 6-1-, 1957, should be corrected as follows:

Item No. 3 should read Forrest N. Rickabaugh
Instead of Forrest N Rickabough

Item No. 13 should read Louis Rickabaugh
Instead of Louis Rickabaugh

Item No. 17 should read Mrs F N Rickabaugh
Instead of Mrs F N Rickabough

Item No. should read
Instead of

Item No. should read
Instead of

Item No. should read
Instead of

Item No. should read
Instead of

Item No. should read
Instead of

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Mrs. F. N. Rickabaugh - wife
Relationship.

401 - Horsley St. Moberly Mo.
Present Address.

Subscribed and sworn to before me this 18th day of June, 1957

My Commission expires 2-6-1953

Joyce Barron Notary Public.

V. S. 135
1—8-43
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