

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

26565

FILED AUG 25 1951

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 114 PRIMARY REG. DIST. NO. 1432 Registrar's No. 25-

1. PLACE OF DEATH a. COUNTY <b>Franklin</b> <u>0360</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Joplin</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Meramec TWS</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Meramec TWS</b> <u>Joplin 0495</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Sullivan rural</u>		d. STREET ADDRESS (If rural, give location) <u>1</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>William</b>	b. (Middle) <b>R.</b>	c. (Last) <b>Rickards</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>Aug. 11 1951</b>
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Never married</b>	8. DATE OF BIRTH <b>Feb. 4, 1949</b>	9. AGE (In years last birthday) <b>2</b>	IF UNDER 1 YEAR (Months) <b>6</b>	IF UNDER 1 YEAR (Days) <b>7</b>	IF UNDER 1 YEAR (Hours) _____	IF UNDER 1 YEAR (Min.) _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY <b>Child</b>	11. BIRTHPLACE (State or foreign country) <b>Joplin, Mo. 0</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A!</b>
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13a. FATHER'S NAME <b>William Rickards</b>	13b. MOTHER'S MAIDEN NAME <b>Wilma Smith</b>	14. NAME OF HUSBAND OR WIFE <b>None</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No.</b>	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME <b>William Rickard</b>	ADDRESS <b>Joplin, Mo.</b>
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Auto Accident Crushed Skull</b>		
	ANTECEDENT CAUSES <b>Last control of car 3/1/2 miles east of Sullivan, Mo. No other car involved.</b>		
II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>		<b>88234</b>	<b>32</b>

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>Accident</b>	21b. PLACE OF INJURY (e.g., in or about home, factory, street, office bldg., etc.) <b>HWY 66</b>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>Meramec TWS. Franklin Mo.</b>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>Aug. 11, 1951 2:00 p.m.</b>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>Auto Accident - Highway 66</b>
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22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at 1:45 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>W. P. Stoffer</u> (Degree or title) <b>Coroner</b>	23b. ADDRESS <b>Sullivan, Mo.</b>	23c. DATE SIGNED <b>8-12-51</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>8-14-51</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Joplin Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Joplin Mo.</b>
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DATE REC'D BY LOCAL REG. <b>8-13-51</b>	REGISTRAR'S SIGNATURE <u>W. Charney</u>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Steve Parker</b>	ADDRESS <b>Joplin Mo.</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED  
-AUG 21 1951  
DISTRICT HEALTH OFFICE NO. 4  
File No.

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 \_\_\_\_\_

working under my personal supervision.

Signed.....  
Student Embalmer

Signed.....

Student Embalmer No.....

Licensed Embalmer No. 2692

P. O. Address Fuller m

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.