

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **17676**

FILED MAY 26 1952

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 6075 Registrar's No. 164

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

1. PLACE OF DEATH a. COUNTY <b>St Francois</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>St. Francois</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>St. Francois Twp</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Rural Route 3</b>	
c. LENGTH OF STAY (In this place) <b>49 yrs</b>		d. STREET ADDRESS (If rural, give location) <b>Farmington</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Farmington</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>Archie</b> b. (Middle) <b>Peter</b> c. (Last) <b>Rickus</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>May 20 1952</b>		
5. SEX <b>male</b>	6. COLOR OR RACE <b>White US</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>	8. DATE OF BIRTH <b>Nov. 19, 1902</b>	9. AGE (In years last birthday) <b>49</b>	IF UNDER 1 YEAR Months <b>6</b> Days <b>1</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Plasterer</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <b>Farmington, Mo.</b>	
				12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	

13a. FATHER'S NAME <b>Charles C. Rickus</b>	13b. MOTHER'S MAIDEN NAME <b>Elizabeth Hopkins</b>	14. NAME OF HUSBAND OR WIFE <b>Eva Smith</b>
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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>498-01-7888</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs Archie Rickus, Farmington, Mo.</b>	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.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Torula</b>		INTERVAL BETWEEN ONSET AND DEATH <b>1 yr</b>
	ANTECEDENT CAUSES Morbid 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.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>134-1</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)
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 June 1, 1951, to May 20, 1952, that I last saw the deceased alive on May 20, 1952, and that death occurred at 2:30 P.M., from the causes and on the date stated above.

23a. SIGNATURE <b>A. Langhorne</b>	(Degree or title) <b>med</b>	23b. ADDRESS <b>Farmington Mo</b>	23c. DATE SIGNED <b>5-21-52</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>	24b. DATE <b>5/22/52</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Copenhagen Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Farmington Missouri</b>
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DATE REC'D BY LOCAL REG. <b>May 21, 1952</b>	REGISTRAR'S SIGNATURE <b>Ether Rudloff</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Paul Duff</b>	ADDRESS <b>Miller Funeral Home, Farmington, Mo.</b>
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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 Paul D. Dugan

Licensed Embalmer No. 4120

P. O. Address Farmington 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.