

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **42066**

FILED JAN 5 1953

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 5458 Registrar's No. 1165

390

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

1. PLACE OF DEATH a. COUNTY Greene		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Greene	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Walnut Grove		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Walnut Grove, Rural 0390	
d. FULL NAME OF HOSPITAL OR INSTITUTION Residence		d. STREET ADDRESS (If rural, give location) R. R. # 1	
3. NAME OF DECEASED (Type or Print) a. (First) ROY b. (Middle) BURTIS c. (Last) RICKEL		4. DATE OF DEATH (Month) (Day) (Year) Dec 28 1952	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH May 29, 1876
9. AGE (In years last birthday) 76		10. KIND OF BUSINESS OR INDUSTRY Railroader	11. BIRTHPLACE (State or foreign country) Monroe, Iowa
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13a. FATHER'S NAME Rev. Park A. Rickel		13b. MOTHER'S MAIDEN NAME Elizabeth Tague	
14. NAME OF HUSBAND OR WIFE Elizabeth Rickel		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	
16. SOCIAL SECURITY NO. 506-32-6540		17. INFORMANT'S SIGNATURE OR NAME Don Rickel ADDRESS Walnut Grove, Mo.	
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Prostate 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 177 X	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		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) m.		21e. INJURY OCCURRED WHILE AT <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 8-1 , 19 52 , to 12-27 , 19 54 , that I last saw the deceased alive on 12-27 , 19 52 , and that death occurred at 9:55a m., from the causes and on the date stated above.	
23a. SIGNATURE (Degree or title) Lee A. McNeel Jr MD		23b. ADDRESS Greenfield Mo	
23c. DATE SIGNED 12-28-52		24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	
24b. DATE Dec 31, 52		24c. NAME OF CEMETERY OR CREMATORY	
24d. LOCATION (City, town, or county) (State) Keokuk, Iowa		25. FUNERAL DIRECTOR'S SIGNATURE, ADDRESS James L. President Brim - Daniel Ash Grove - Mo.	
DATE REC'D BY LOCAL REG. 12-29-52		REGISTRAR'S SIGNATURE Edith Williamson	

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.

Student
Student Embalmer

Student Embalmer No. _____

Signed Wayle L. Daniel
Licensed Embalmer No. 4702
P. O. Address 104 Grove St.

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.