

FILED JUL 7 1954

THE DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATHState File No. **18774**

BIRTH NO.		REG. DIST. NO. <b>144</b>		PRIMARY REG. DIST. NO. <b>4234</b>		Registrar's No. <b>36</b>	
1. PLACE OF DEATH a. COUNTY <b>Iron</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) TOWN <b>Ironton</b>		c. LENGTH OF STAY (In this place) <b>5 WKS</b>		c. CITY OR TOWN <b>Farmington</b>		d. Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>St Mary of Ozarks Hospital</b>				e. STREET ADDRESS (If rural, give location) <b>115 N. Henry</b> <b>0.947</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Minnie</b>		b. (Middle) <b>Alva</b>		c. (Last) <b>Rizkus</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>June 25 1954</b>	
5. SEX <b>Fe</b>		6. COLOR OR RACE <b>White US</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>Feb. 19, 1904</b>	
9. AGE (In years last birthday) <b>50</b>		IF UNDER 1 YEAR Months <b>4</b> Days <b>6</b>		IF UNDER 12 HRS. Hours <b>1</b> Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Caseworker</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Mo. Welfare Dept.</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>St Francois County, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>Jefferson D. Counts</b>		13b. MOTHER'S MAIDEN NAME <b>Sally Lee Kennedy</b>		14. NAME OF HUSBAND OR WIFE <b>Orville G. Rickus</b>			
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>498-03-3016</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Orville G. Rickus, Farmington, Mo.</b>			
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) <b>acute mesenteric thrombosis</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>intestinal obstruction (Post-operative adhesions)</b> DUE TO (c)  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>5705</b>				INTERVAL BETWEEN ONSET AND DEATH <b>1 day</b>  <b>?</b>	
19a. DATE OF OPERATION <b>5-31-54</b>		19b. MAJOR FINDINGS OF OPERATION <b>intestinal obstruction (post-operative adhesions)</b>				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)		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 <b>5-26-54</b> , 19___, to <b>6-25-54</b> , 19___, that I last saw the deceased alive on <b>6-25-54</b> , 19___, and that death occurred at <b>2:10 A.M.</b> , from the causes and on the date stated above.							
23a. SIGNATURE <b>R. E. Starland, m.d.</b>				23b. ADDRESS <b>Ironton, Mo.</b>		23c. DATE SIGNED <b>6/26/54</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>		24b. DATE <b>6/27/1954</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Masonic Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Farmington, Missouri</b>	
DATE REC'D BY LOCAL REG. <b>6-30-54</b>		REGISTRAR'S SIGNATURE <b>Miss Arvia Jones</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Paul Dupuy</b>		ADDRESS <b>Miller Funeral Home, Farmington, Mo.</b>	

(Licensed Embalmer's Statement on Reverse Side)

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

JUL 2

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 \_\_\_\_\_  
Signature of Student Embalmer

Signed... *Paul Dugal*

Licensed Embalmer No. 4120

P. O. Address *Farmington*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.