

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

3763

State File No. ....

FILED MAR 9 1955

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 1 PRIMARY REG. DIST. NO. 3000 Registrar's No. 58

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

1. PLACE OF DEATH a. COUNTY <u>Adair</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Macon</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kirksville</u>		c. CITY OR TOWN <u>LaCrosse</u> <u>0610</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (in this place) <u>2 weeks</u>		e. STREET ADDRESS (If rural, give location) <u>Richland Twp, Macon, Co.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>Kirksville Osteopathic H</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Homer</u> b. (Middle) <u>Herron</u> c. (Last) <u>Rickey</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>2-28-55</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify year) <u>Married</u>	8. DATE OF BIRTH <u>11-3-1886</u>	9. AGE (In years last birthday) <u>68</u>	IF UNDER 1 YEAR Months _____ Days _____ IF UNDER 2 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Brick Mason</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Construction</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Macon Co., Missouri</u>	
12. CITIZEN OF WHAT COUNTRY? <u>US</u>					

13a. FATHER'S NAME <u>Martin Alexander Rickey</u>		13b. MOTHER'S MAIDEN NAME <u>Georgenia O'haver</u>		14. NAME OF HUSBAND OR WIFE <u>Ruth Neptrom Rickey</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>337-01-9628A</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Ruth Rickey, LaCrosse, Mo</u>	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Sepsis &amp; Toxemia</u>		DUPLICATE			
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES			
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <u>Uremia</u>			
		DUE TO (c) <u>Urthreal Stricture &amp; Prostate Hypertrophy with an associated</u>			
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 <u>Myocardial infarction</u>		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) (Min.)		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 2-12, 1955, to 2-28, 1955, that I last saw the deceased alive on 2-28, 1955, and that death occurred at 8:50 a. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>David M. Bone MD</u>		23b. ADDRESS <u>Kirksville Mo</u>		23c. DATE SIGNED <u>3-2-55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>3-2-55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>LaPlata Cemetery</u>	
				24d. LOCATION (City, town, or county) (State) <u>LaPlata, Mo.</u>	

DATE REC'D BY LOCAL REG. <u>3-2-55</u>		REGISTRAR'S SIGNATURE <u>Kate Lambert</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Davis &amp; Rigal, Kirksville, Mo</u>	
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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.....  
Signature of Student Embalmer

Signed *Harold A. Kiza*.....

Licensed Embalmer No. *429*.....

P. O. Address *Burbank*.....

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.