No. 300
10.48

FILED APR 12 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

7204

State File No.

BIRTH NO. REG. DIST. NO. 14 PRIMARY REG. DIST. NO. 5063 Registrar's No. 9

1. PLACE OF DEATH
a. COUNTY: Barton
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural-Barton City
c. LENGTH OF STAY (in this place): 20-Years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): R.R.2, Liberal, Missouri

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Barton
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural-Barton City Township
d. STREET ADDRESS (If rural, give location): R.R.2, Liberal, Missouri

0060

3. NAME OF DECEASED (Type or Print)
a. (First): Fannie
b. (Middle): (None)
c. (Last): Ricker

4. DATE OF DEATH (Month) 3 (Day) 28 (Year) 55

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 2-14-1889
9. AGE (In years last birthday): 66 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Bevier, Missouri
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: George Frame
13b. MOTHER'S MAIDEN NAME: Ann Moore
14. NAME OF HUSBAND OR WIFE: Henry Ricker

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME: Henry Ricker — ADDRESS: R.R.2, Liberal, Missou

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: 15 Min.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Coronary Atherosclerosis — 1 yr.
DUE TO (c) Diabetis Mellitus — 14 Mos.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Diabetic Neuritis

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: 2600X
20. AUTOPSY? YES ☐ NO ☒

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 WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Aug. 4 *19*46, *to* 2-28, *19*55, *that I last saw the deceased alive on* 2-12, *19*55, *and that death occurred at* 8:15p *m., from the causes and on the date stated above.*

23a. SIGNATURE: M. H. Knelland (Degree or title): D.O.
23b. ADDRESS: Liberal, Missouri
23c. DATE SIGNED: 3/31/55

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 3/31/55
24c. NAME OF CEMETERY OR CREMATORY: Rosebank Cemetery
24d. LOCATION (City, town, or county) (State): Mulberry, Kansas

DATE REC'D BY LOCAL REG.: April 9, 1955
REGISTRAR'S SIGNATURE: Charlotte McDowell 420
25. FUNERAL DIRECTOR'S SIGNATURE: Melba J. Montague — ADDRESS: Mulberry, Kansas
1152
(Licensed Embalmer's Statement on Reverse Side)

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

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 E K Smith

Licensed Embalmer No. 3969

P. O. Address Pittsburg Kan

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.