No. 300
10-48

FILED AUG 29 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25708

State File No. .....

BIRTH NO. _____ REG. DIST. NO. 98 PRIMARY REG. DIST. NO. 5364 Registrar's No. 85

310
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH
a. COUNTY: Daviess
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Liberty twp
c. LENGTH OF STAY (in this place): 8 Mos.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 2 Miles South Altamont, Mo.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Johnson
c. CITY OR TOWN: Kansas City Mo
d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐
STREET ADDRESS (If rural, give location): 2017 West 48th Terrace 3768

3. NAME OF DECEASED (Type or Print)
a. (First): Howard
b. (Middle): E.
c. (Last): Rickhoff

4. DATE OF DEATH (Month) (Day) (Year): August 20 1955

5. SEX: male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): divorced
8. DATE OF BIRTH: March 12, 1927
9. AGE (In years last birthday): 28 — IF UNDER 1 YEAR: Months 5, Days 8 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): chemist
10b. KIND OF BUSINESS OR INDUSTRY: Testing Technician
11. BIRTHPLACE (City and State or Foreign Country): Kansas City, Missouri
12. CITIZEN OF WHAT COUNTRY?: U.S.

13a. FATHER'S NAME: N. Webster Rickhoff
13b. MOTHER'S MAIDEN NAME: Jewell Smith
14. NAME OF HUSBAND OR WIFE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes — (If yes, give war or dates of service): WW 11
16. SOCIAL SECURITY NO.: 492-26-6452
17. INFORMANT'S SIGNATURE OR NAME / ADDRESS: N. Webster Rickhoff 2017 W. 48th Ter. Kansas City, 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Gun Shot [illegible] — INTERVAL BETWEEN ONSET AND DEATH: 8:45 AM

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Mental Alteration — 10 yr
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* 976 X

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ~~ACCIDENT~~ SUICIDE ~~HOMICIDE~~ (Specify): Suicide
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Rt Temple
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Altamont Mo RFD Daviess Co Mo
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 8 20 55 8:45 A.m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR?: Gun Shot 38 Cal. Revolver

22. *I hereby certify that I attended the deceased from _____, 19__, to _____, 19__, that I last saw the deceased alive on* 8/20, 1955, *and that death occurred at* 8:50 a.m. *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): H. Baumgardner Dr
23b. ADDRESS: Pattonsburg Mo
23c. DATE SIGNED: 8/22

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 8-22-55
24c. NAME OF CEMETERY OR CREMATORY: Bellflower Cem.
24d. LOCATION (City, town, or county) (State): Bellflower, Missouri

DATE REC'D BY LOCAL REG.: 8-27-1955
REGISTRAR'S SIGNATURE: Virginia M. Engelhart C 81-
25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS: L. C. Richesson — Hope Funeral Home Gallatin, Mo.

(Licensed Embalmer's Statement on Reverse Side)

NOV 3 1953

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Morris A. Brum

Licensed Embalmer No. 39

P. O. Address Hamilt

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F
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.