

FILED FEB 1 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 749

BIRTH NO. _____		REG. DIST. NO. <u>77</u>		PRIMARY REG. DIST. NO. <u>3016</u>		Registrar's No. <u>40</u>					
1. PLACE OF DEATH a. COUNTY <u>Cole</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> <u>Osage</u>							
b. CITY (If outside corporate limits, write RURAL and give township) <u>Jefferson City</u>		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) <u>Meta-Boone twp</u>							
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Marys Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>0-160</u>							
3. NAME OF DECEASED (Type or Print) a. (First) <u>Luther</u> b. (Middle) <u>Ulysses</u> c. (Last) <u>Ricker</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Jan 26, 1956</u>								
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Aug. 25, 1902</u>					
9. AGE (In years last birthday) <u>53</u>		IF UNDER 1 YEAR Months		IF UNDER 1 YEAR Days		IF UNDER 2 HRS. Hours Mins.					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farmer</u>			10b. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (State or foreign country) <u>Osage Co. Mo/</u>					
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			13a. FATHER'S NAME <u>Lark Ricker</u>		13b. MOTHER'S MAIDEN NAME <u>Nancy Barnhart</u>		14. NAME OF HUSBAND OR WIFE <u>Blanche Ricker</u>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO. <u>497184022</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Blanche Ricker 1/26/56/ Meta, Mo.</u>			ADDRESS			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary embolism</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Severely ruptured right chest</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>few hours</u>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <input checked="" type="checkbox"/>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>highway</u>		21c. (CITY, TOWN, OR TOWNSHIP) <u>Meta</u> (COUNTY) <u>Mo.</u>							
21d. TIME OF INJURY <u>Jan 19, 1956</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR <u>Ran off highway, eastward</u>							
22. I hereby certify that I attended the deceased from <u>Jan 19, 1956</u> , to <u>Jan 25, 1956</u> , that I last saw the deceased alive on <u>Jan 25, 1956</u> , and that death occurred at <u>Meta, Mo.</u> , from the causes and on the date stated above.											
23a. SIGNATURE <u>Dean A. Dwyer M.D. Jefferson City, Mo. 1-30-56</u>				(Degree or title)				23b. ADDRESS		23c. DATE SIGNED	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>1/30/56</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Stokes</u>		24d. LOCATION (City, town, or county) (State) <u>Meta Mo</u>					
DATE REC'D BY LOCAL REG. <u>31 Jan 1956</u>		REGISTRAR'S SIGNATURE <u>R. P. Harris MA</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Walter P. Hedges</u>		ADDRESS <u>Hedges Funeral Homes Iberia, Mo.</u>					

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING BLACKINK—MAKE A PERMANENT RECORD

MAY 31 1962

FEB 22 1956

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 Walter P. Nedges

Licensed Embalmer No. 14265

P. O. Address Berlin, Md

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

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