

FILED MAR 20 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

10323

State File No. ....

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 3059 Registrar's No. 93

1. PLACE OF DEATH a. COUNTY <u>St. Francois</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). ---a. STATE <u>Missouri</u> b. COUNTY <u>St. Francois</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Bonne Terre</u>		c. CITY OR TOWN <u>Bismarck</u>	d. Is residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <u>5 hrs.</u>		e. STREET ADDRESS (If rural, give location) <u>0940</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Bonne Terre Hospital.</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>HENRY</u> b. (Middle) <u>ELLSWORTH</u> c. (Last) <u>RICKMAR</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Mar. 12 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>May 18 1891</u>	9. AGE (In years last birthday) <u>64</u>	IF UNDER 1 YEAR Months <u>9</u> Days <u>24</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>carpenter</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>Arcadia Missouri.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>

13a. FATHER'S NAME <u>John Rickmar</u>	13b. MOTHER'S MAIDEN NAME <u>Clementine Henson</u>	14. NAME OF HUSBAND OR WIFE <u>Mabel Roach Rickmar</u>
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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>491-18-5087</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Mabel Rickmar, Bismarck, Missouri.</u>	ADDRESS
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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		INTERVAL BETWEEN ONSET AND DEATH <u>2 yrs</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Renal Glycosuria</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>asthma</u> DUE TO (c) <u>Liver &amp; Heart</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>260x</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 3-8-~~1956~~, 1956, to 3-12, 1956, that I last saw the deceased alive on 3-8, 1956, and that death occurred at 2:55 AM, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Edward M. Popp MD.</u>	23b. ADDRESS <u>Bismarck Mo.</u>	23c. DATE SIGNED <u>3-13-56</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	24b. DATE <u>3-14-56</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Masonic Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Bismarck, Missouri.</u>
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DATE REC'D BY LOCAL REG. <u>Mar. 13, 1956</u>	REGISTRAR'S SIGNATURE <u>Eather Rudloff</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>and White</u>	ADDRESS <u>White Funeral Home, Bismarck Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

MAR 20 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.....  
Signature of Student Embalmer

Signed. *Charles J. White*.....

Licensed Embalmer No. *34*

P. O. Address *Monte*.....

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