

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

24296

State File No. ....

FILED AUG 13 1956

BIRTH NO. _____		REG. DIST. NO. <u>172</u>		PRIMARY REG. DIST. NO. <u>3649</u>		Registrar's No. <u>51</u>	
1. PLACE OF DEATH a. COUNTY <u>Lafayette</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Lafayette</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Parat-Davis</u>		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) <u>Parat - 5 mi. S. of Higginville</u>		d. STREET ADDRESS (If rural, give location) <u>Davis Township</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>5 mi. S. of Higginville</u>							
3. NAME OF DECEASED (Type or Print) a. (First) <u>Herman F. Rickhof</u>			b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) <u>June 26 - 56</u>		
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	<u>widowed</u>	8. DATE OF BIRTH <u>Oct. 29, 1870</u>	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	IF UNDER 1 WKS. Days
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 <u>Farm Owner</u>	11. BIRTHPLACE (State or foreign country) <u>Bega, Germany</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>Henry Rickhof</u>		13b. MOTHER'S MAIDEN NAME <u>unknown</u>		14. NAME OF HUSBAND OR WIFE <u>Amanda Rickhof Reed</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>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Forest Rickhof - Higginville 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>Coronary Arteriosclerosis</u>					
ANTECEDENT CAUSES		DUE TO (b) <u>Nephritis</u>					
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c) <u>Myocarditis</u>					
II. OTHER SIGNIFICANT CONDITIONS		<u>Arteriosclerosis</u>					
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>No surgery</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE <u>M</u>		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)		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 <u>birth</u> to <u>June 26, 1956</u> , that I last saw the deceased alive on <u>June 26, 1956</u> , and that death occurred at <u>10 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>W. W. Martin MD</u>				23b. ADDRESS <u>Ocala Mo</u>		23c. DATE SIGNED <u>6-26-56</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>June 28, 56</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Congregial + Reformed</u>		24d. LOCATION (City, town, or county) (State) <u>Higginville, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>July 31 - 1956</u>		REGISTRAR'S SIGNATURE <u>Clayton W. Landrum</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Heiser - Rickhof - Higginville Mo</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

1951 JUN 1 9 00 AM

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 Roy F Wieggers  
Licensed Embalmer No. 2883  
P. O. Address Higginsville Mo

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