

FILED NOV 28 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

38210

STATE FILE NUMBER

4734

Registration District No. 149 Primary Registration District No. 1002 Registrar's No.

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY Jackson		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		a. STATE Missouri		b. COUNTY Jackson	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION 306 N. Gladstone		Length of stay in it 50 yrs.		c. CITY OR TOWN Kansas City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) LEONARD - RICKERT				4. DATE OF DEATH Oct. 30 - 1956			
5. SEX Male		6. COLOR OR RACE White		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH Nov. - 9 - 1869	
9. AGE (In years last birthday) 86		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Machine Foreman		11. BIRTHPLACE (City and state or country) St. Louis, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME Phillip Rickert				14. MOTHER'S MAIDEN NAME Katherine Ripple			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 493-14-8701		17. INFORMANT Geo. W. Hunt 306 N. Gladstone St. Mo.			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Gastro Intestinal Hemorrhage Carcinoma Head of Pancreas Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) Atherosclerotic Heart Disease						INTERVAL BETWEEN ONSET AND DEATH 3 days several Months 157X	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>					
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)						20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE			
21. I attended the deceased from June 13, 1956 6:00 pm and last saw him alive on Oct 30, 1956 Death occurred at m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Name or title) Robert L. Ward, M.D.				22b. ADDRESS 4126 St. John		22c. DATE SIGNED 10-31-56	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE Nov. 2 - 1956		23c. NAME OF CEMETERY OR CREMATORY Macpelah Cem.		23d. LOCATION (City, town, or county) (State) Lexington, Mo.	
24. FUNERAL DIRECTOR C. J. Blackman & Son Inc. KC, Mo. ADDRESS				25. DATE RECD. BY LOCAL REG. 11-2-56		26. REGISTRAR'S SIGNATURE Neva Minshall	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Robert L. Ward

Diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

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-56

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 *W.C. Rinne*.....

Licensed Embalmer No. *48*

P. O. Address *K.C. 7*

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.