

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-000334  
STATE FILE NUMBER

Registration District No. 042 Primary Registration District No. 1000 Registrar's No. 44

FILED JAN 19 1959

1. PLACE OF DEATH a. COUNTY <b>Buchanan</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Buchanan</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWNSHIP <b>St. Joseph</b>		c. CITY OR TOWN <b>St. Joseph</b> 0117 OR TOWN <b>St. Joseph</b> 0	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>1912 St. Joseph, Ave</b>		d. STREET ADDRESS (If outside, give location) <b>1912 St. Joseph Ave.,</b>	
Length of stay in lb <b>40 yrs.</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <b>GEORGE</b> Middle <b>LELAND</b> Last <b>RICKERSON</b>			4. DATE OF DEATH Month <b>January</b> , Day <b>9</b> , Year <b>1959</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>August, 1, 1886</b>	9. AGE (In years last birthday) <b>72 yrs.</b>	IF UNDER 1 YEAR Months <input type="checkbox"/> Days <input type="checkbox"/>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Janitor</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Rialto Theatre</b>	11. BIRTHPLACE (City and state or country) <b>Hale, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>
13a. FATHER'S NAME <b>Unknown</b>		13b. MOTHER'S MAIDEN NAME <b>Unknown</b>		14. NAME OF HUSBAND OR WIFE <b>Mrs. Mabel Rickerson</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No.</b>		16. SOCIAL SECURITY NO. <b>493-18-8837</b>	17. INFORMANT <b>Mrs. Mabel Rickerson, St. Joseph, Mo.</b> Address <b>1912 St. Joseph Av</b>		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Carcinomatosis</b>		INTERVAL BETWEEN ONSET AND DEATH
DUE TO (b) <b>Carcinoma of the lung.</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) <b>163x</b>		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 _____ a.m. _____ p.m.	20d. INJURY OCCURRED WHILE AT <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 <b>2-28-58</b> to <b>1-7-59</b> and last saw him <b>20x</b> alive on <b>1-7-59</b> Death occurred at <b>9:30 A.m</b> on the date stated above; and to the best of my knowledge, from the causes stated.		

22a. SIGNATURE (Degree or title) <b>Martin H Christ</b> M.D.	22b. ADDRESS <b>6106 King Hill Ave. St. Joseph, Missouri</b>	22c. DATE SIGNED <b>1-12-59</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>Jan. 12, 1959</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Memorial Park Cemetery</b>
23d. LOCATION (City, town, or county) <b>St. Joseph</b>		(State) <b>Missouri</b>

24. FUNERAL DIRECTOR <b>Stammy Funeral Home (G.A.S.)</b>	ADDRESS <b>St. Joseph, Mo.</b>	25. DATE RECD. BY LOCAL REG. <b>Jan 15 1959</b>	26. REGISTRAR'S SIGNATURE <b>Wm Clark Goodell</b>
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All diseases in Part I must be causally related.  
Dr. Martin H. Christ  
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 E. Bennett .....

Licensed Embalmer No. 4677 .....

P. O. Address St Joseph 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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