

pt. Health,  
, & Welfare  
S. Public  
lth Service

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-020769

STATE FILE NUMBER

FILED JUL 13 1959

Registration District No.

77

Primary Registration District No.

3016

Registrar's No.

192

S. 300  
v. 1-57

Tanner, M.D.

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
MEDICAL CERTIFICATION

1. PLACE OF DEATH a. COUNTY <b>Cole</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Cole</b>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Jefferson City</b>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <b>Jefferson City</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>808 Indiana</b>			Length of stay in 1b <b>seven years</b>		d. STREET ADDRESS (If outside, give location) <b>808 Indiana</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <b>ALICE</b> Middle <b>REBECCA</b> Last <b>RICKER</b>				4. DATE OF DEATH Month <b>June</b> Day <b>29th</b> Year <b>1959</b>			
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <b>July 24th 1866</b>		9. AGE (In years last birthday) <b>92</b> IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 24 HRS.: Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>Home</b>		11. BIRTHPLACE (City and state or country) <b>Osage County, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
13a. FATHER'S NAME <b>David Barnhart</b>			13b. MOTHER'S MAIDEN NAME <b>Catherine Babb</b>		14. NAME OF HUSBAND OR WIFE <b>James M. Ricker, Dec.</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No None</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT Address <b>Mrs Alfred Roark, Jefferson City, Mo.</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>Cerebral hemorrhage</b> Conditions, if any, which gave rise to above cause (d), stating the underlying cause last. } DUE TO (b) <b>Cerebral arteriosclerosis</b> DUE TO (c) <b>Generalized arteriosclerosis</b> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>331x</b>							INTERVAL BETWEEN ONSET AND DEATH <b>1 month</b> <b>Years</b> <b>Years</b>
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. Month, Day, Year _____							
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT <input type="checkbox"/> WORK		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>5-16-55</b> to <b>6-29-59</b> and last saw her alive on <b>6-27-59</b> Death occurred at <b>2:30</b> <b>A</b> . m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <b>Robert H. Tanner, M.D.</b> (Degree, Title)				22b. ADDRESS <b>Jefferson City, Mo.</b>		22c. DATE SIGNED <b>6-29-59</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>July 1st '59</b>	23c. NAME OF CEMETERY OR CREMATOR <b>Southside Cemetery</b>		23d. LOCATION (City, town, or county) (State) <b>Jefferson City, Missouri</b>		
24. FUNERAL DIRECTOR <b>Tanner Service, Jefferson City, Mo.</b>				ADDRESS	25. DATE RECD. BY LOCAL REG. <b>29 June 1959</b>		26. REGISTRAR'S SIGNATURE <b>R.P. Davis, ME - NR</b>

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 *Donnell P. Freeman* .....

Licensed Embalmer No. *4623* .....  
P. O. Address *Free* .....

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.