

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

**65-041107**  
STATE FILE NUMBER

Registration District No. 316 Primary Registration District No. 6075 Registrar's No. 436

DO NOT WRITE ON THIS STUB

AMENDED **FILED NOV 9 1965**

VS 300	DATE AMENDED	AMENDMENTS ON THIS RECORD ARE AS FOLLOWS	INSTEAD OF	DOCUMENT	MEDICAL CERTIFICATION	BY AFFIDAVIT OF
Rev. 4/59						
1 <u>0940</u>						
2 <u>0942</u>						
3						
4 <u>0</u>						
5 <u>2</u>						
6						
7 <u>0</u>						
8 <u>2</u>						
<u>9492X</u>						
10						
11						
12 <u>93-0</u>						
13 <u>1-2</u>						
ITEM NO.	SHOULD READ					

1. PLACE OF DEATH a. COUNTY <b>St. Francois</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>St. Francois</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>St. Francois Township</b>		c. CITY OR TOWN <b>Flat River</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>State Hospital No. 4</b>		d. STREET ADDRESS (If outside, give location) <b>209 Adams Street</b> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <b>VINCENT</b> Middle <b>LINN</b> Last <b>RICKARD</b>		4. DATE OF DEATH Month <b>October</b> Day <b>15</b> , Year <b>1965</b>	
5. SEX <b>Male</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>Jan. 8, 1881</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Nightwatchman</b>		11. BIRTHPLACE (City and state or country) <b>Farmington, Mo.</b>	12. CITIZEN OF WHAT COUNTRY <b>U. S. A.</b>
13a. FATHER'S NAME <b>John Rickard</b>		14. NAME OF HUSBAND OR WIFE <b>Margaret Perry -2nd wife.</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>Unknown/ Not a veteran.</b>		17. INFORMANT Address <b>Records, State Hospital No. 4, Farmington, Mo.</b>	
16. SOCIAL SECURITY NO. <b>497-20-5968</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>Pneumonitis - - - - - at least 2 days.</b>  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)			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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. Month, Day, Year _____	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 <b>Oct. 13, 1965</b> to <b>Oct. 15, 1965</b> and last saw him alive on <b>Oct. 15, 1965</b> Death occurred at <b>3 A. M.</b> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <i>John W. Dunst Jr. M.D.</i>		22b. ADDRESS <b>State Hospital No. 4 Farmington, Missouri</b>	22c. DATE SIGNED <b>10-15-65</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>10-17-65</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Parkview Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>Farmington, Missouri</b>
24. FUNERAL DIRECTOR ADDRESS <b>Miller Funeral Home, Farmington, Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>Nov. 4, 1965</b>	26. REGISTRAR'S SIGNATURE <i>Ether R. Rudloff</i>

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK OR TYPEWRITER RIBBON

Burial Permit issued Oct 15, 1963

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 Bull Dergal

Licensed Embalmer No. 4170

P. O. Address Terre Haute, Ind.

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.