

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

65-042806

STATE FILE NUMBER

Registration District No. 3 B Primary Registration District No. 3006 Registrar's No. 833

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AGE AT DEATH  
SEX  
MARRIAGE HISTORY  
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MILITARY SERVICE  
OCCUPATION  
RELIGION  
RACE  
ETHNICITY  
CITIZENSHIP  
MARRIAGE HISTORY  
EDUCATION  
MILITARY SERVICE  
OCCUPATION  
RELIGION  
RACE  
ETHNICITY  
CITIZENSHIP

1. ~~DEC 13 1965~~  
 a. Boone  
 b. CITY (If outside corporate limits, give township only)  
Boone Length of stay in it 26 Days  
 c. CITY OR TOWN St. Louis Inside limits Yes  No   
 d. STREET ADDRESS (If outside, give location)  
Boone County Hospital Yes  No  e. STREET ADDRESS 3 Warson Lane f. COUNTY St. Louis Inside on farm Yes  No

3. DATE OF DEATH December 9, 1965  
 a. First WESLEY Middle BRANCH Last RICKEY  
 4. DATE OF DEATH December 9, 1965  
 a. Year 1965 b. Month December c. Day 9 Year

5. SEX Male 6. COLOR OR RACE White 7. Married  Never Married   
 Widowed  Divorced  8. DATE OF BIRTH 12-20-1881 9. AGE (Last birthday) 83  
 10. USUAL OCCUPATION (Give kind of work done or profession of calling, the date of retirement)  
Baseball Executive 11. BIRTHPLACE (City and state or country)  
Stockdale, Ohio 12. CITIZEN OF WHAT COUNTRY  
U.S.A.

13. FATHER'S NAME Frank Rickey 13b. MOTHER'S MAIDEN NAME Emily Brown  
 14. NAME OF HUSBAND OR WIFE Jane Moulton Rickey

15. WAS RELEASED EVER IN U.S. ARMED FORCES? (Do not check unless you are now or were at date of service)  
100 World War I 16. SOCIAL SECURITY NO. 100 World War I 17. INFORMANT Mrs. W. Branch Rickey, Columbia, Mo.

18. CAUSE OF DEATH (Give only one cause per line for (a), (b), and (c))  
 a. IMMEDIATE CAUSE (a) Arteriosclerotic Heart Disease b. INTERVAL BETWEEN ONSET AND DEATH UNKNOWN  
 c. (b) Arteriosclerotic Heart Disease  
 d. (c) Arteriosclerotic Heart Disease  
 e. (d) Arteriosclerotic Heart Disease

19. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)  
 20. PART III. If deceased was female and there a pregnancy in last 30 days:  
 Yes  No  Unknown

21. WAS ASPHYXIA PERFORATED YES  NO  22. ACCIDENT  SUICIDE  HOMICIDE  23. DESCRIBE HOW INJURY OCCURRED (Give nature of injury in PART I or PART II of item 18.)

24. TIME OF DEATH 1:00 P.M. 25. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

26. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK  27. CITY, TOWN, OR LOCATION St. Louis COUNTY St. Louis STATE Mo.

28. I died the deceased from Nov. 13, 1965 to Dec. 9, 1965 and last saw him alive on Dec. 9, 1965  
 at about 10:00 P. on the date stated above, and to the best of my knowledge, from the causes stated.

29. SIGNATURE R. Pedersen MD (Degree of title) 30. ADDRESS 16 N. 10th St., Columbia, Mo. 31. DATE SIGNED 12-9-65

32. BURIAL, CREMATORY, REMOVAL (Specify) Respyral 33. DATE Dec. 10, 1965 34. NAME OF CEMETERY OR CREMATORY Burhtown Cemetery 35. LOCATION (City, town, or county) Scioto Co., Ohio (State)

36. FUNERAL DIRECTOR C.R. Lupton & Son, St. Louis, Missouri 37. DATE RECD. BY LOCAL REG. Dec 10 1965 38. REGISTRAR'S SIGNATURE Miss R.E. Palmox