DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 22 1948
Registration District No. 348

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3058

State File No. 37760
Registrar's No. 224

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

1. PLACE OF DEATH:
(a) County: ST. CHARLES
(b) City or town: "
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: ST. JOSEPH'S HOSP
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: (Specify whether
In this community: 12 days
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: MISSOURI (b) County: LINCOLN
(c) City or town: WINFIELD
(If outside city or town limits, write "RURAL")
(d) Street No.:
(If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME: CARL Giesler Ricks
3. (b) If veteran, name war: No
3. (c) Social Security No.: No
4. Sex: Male
5. Color or race: W
6. (a) Single, widowed, married, divorced: /
6. (b) Name of husband or wife: Alice East Ricks
6. (c) Age of husband or wife if alive: 62 years
7. Birth date of deceased: APRIL (Month) 18 (Day) 1886 (Year)
8. AGE: Years 62 Months 6 Days 24 If less than one day hr. min.
9. Birthplace: TROY, MO — RFD (City, town, or county) (State or foreign country)
10. Usual occupation: FARMER
11. Industry or business:
FATHER 12. Name: EPHRAIM RICKS
13. Birthplace: UNKNOW (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name: ELIZA GRAVES
15. Birthplace: UNKNOWN (City, town, or county) (State or foreign country)
16. (a) Informant's own signature: Mary Lou Duey
(b) Address: WINFIELD, Mo.
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof: 11-14-48 (Month) (Day) (Year)
(c) Place: burial or cremation: BETHANY CEM.
18. (a) Signature of funeral director: [illegible]
(b) Address: ELSBERRY, Mo.
19. (a) 11-17-48 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month NOV day 12 year 1948 hour 11 minute 25 A.M.
21. I hereby certify that I attended the deceased from 2/26/48, 19..., to 11/12, 19 48; that I last saw him alive on 11-12, 19 48 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Chronic Cardiac Decompensation	?
Due to: Essential hypertension	?
Due to: generalized arteriosclerosis	?
Other conditions (Include pregnancy within 3 months of death): No	
Major findings: Of operations: No	
Of autopsy: No	

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify):
(b) Date of occurrence:
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
While at work? (Specify type of place) (e) Means of injury:

23. Signature: R. O. Harper (M. D. or other) M.D.
Address: St. Charles, Mo. Date signed 11/13/48

(Licensed Embalmer's Statement on Reverse Side)

Rev. 5-17-39 1 X19511

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 ....., Registered Apprentice No. ....., working under my personal supervision.

Signed [signature]

Licensed Embalmer No. 4012

P. O. Address Elsberry, 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 this body is not embalmed, above space should be left blank.