

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. **11799**

**FILED** APR 15 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **360** PRIMARY REG. DIST. NO. **3076** Registrar's No. **45**

No. 300  
10-48  
80  
2  
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <b>Vernon</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Washington Twp.</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Stausser City 3118</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>State Hospital # 3</b>		d. STREET ADDRESS (If rural, give location) <b>1230 Washington 1</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>John</b> b. (Middle) <b>—</b> c. (Last) <b>Ricketts</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>4-3-52</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Single</b>	8. DATE OF BIRTH <b>8-27-1880</b>
9. AGE (In years last birthday) <b>71</b>		IF UNDER 1 YEAR <b>7</b> Days	IF UNDER 2 HRS. <b>7</b> Hours <b>—</b> Min.
10a. USUAL OCCUPATION (Give kind of work depending most of working life, even if retired) <b>Restaurant work</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Restaurant</b>	11. BIRTHPLACE (State or foreign country) <b>Missouri 0</b>
12. CITIZEN OF WHAT COUNTRY? <b>American</b>		13a. FATHER'S NAME <b>Sam Ricketts</b>	
13b. MOTHER'S MAIDEN NAME <b>Ellen Meas</b>		14. NAME OF HUSBAND OR WIFE <b>None</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>Unknown</b>		16. SOCIAL SECURITY NO. <b>Unknown</b>	
17. INFORMANT'S SIGNATURE OR NAME <b>James Ricketts</b>		ADDRESS <b>1230 Washington T.C. Mo</b>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Arterio Sclerotic heart disease</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		<b>4200</b>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____	
22. I hereby certify that I attended the deceased from <b>9-12-1947</b> , to <b>4-3-</b> ; 19 <b>52</b> , that I last saw the deceased alive on <b>4-2-</b> , 19 <b>52</b> , and that death occurred at <b>S.A. m.</b> , from the causes and on the date stated above.			
23a. SIGNATURE <b>J.M. Burch, M.D.</b> (Degree or title)		23b. ADDRESS <b>State Hospital # 3</b>	
23c. DATE SIGNED <b>4-3-52</b>		24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	
24b. DATE <b>4-3-52</b>		24c. NAME OF CEMETERY OR CREMATORY <b>unknown</b>	
24d. LOCATION (City, town, or county) (State) <b>Fayette Missouri</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Ways Funeral Service Nevada</b>	
DATE REC'D BY LOCAL REG. <b>4-7-52</b>		REGISTRAR'S SIGNATURE <b>Orma E. Furry</b> ADDRESS _____	

mo.

**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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed

*Allen V. Hays*

Signed.....

Student Embalmer

Licensed Embalmer No. *1968*

P. O. Address *Nevada 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, fact should be so stated above.