

FILED DEC 27 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **41176**

BIRTH NO. _____ REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002** Registrar's No. **5372**

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|---|---|---|---|
| 1. PLACE OF DEATH a. COUNTY Jackson | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Missouri b. COUNTY Jackson | |
| b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Kansas City | c. LENGTH OF STAY (In this place) 7 days | c. CITY OR TOWN Kansas City | d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Children's Mercy Hospital | | STREET ADDRESS (If rural, give location) 2937 Wayne 34280 | |

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|--|---------------------------|---|---|--|---|
| 3. NAME OF DECEASED a. (First) David b. (Middle) Francis c. (Last) Ricker | | | 4. DATE OF DEATH (Month) (Day) (Year) Nov. 20 1954 | | |
| 5. SEX M | 6. COLOR OR RACE W | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married | 8. DATE OF BIRTH 10-24-53 | 9. AGE (In years last birthday) 1 | IF UNDER 1 YEAR Months Days Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Child | | 10b. KIND OF BUSINESS OR INDUSTRY Baby | 11. BIRTHPLACE (City and State or Foreign Country) Kansas City, Kansas | | 12. CITIZEN OF WHAT COUNTRY? USA |

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| 13a. FATHER'S NAME Paul Ricker | 13b. MOTHER'S MAIDEN NAME Rachel Bohrn | 14. NAME OF HUSBAND OR WIFE None |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No | 16. SOCIAL SECURITY NO. None | 17. INFORMANT'S SIGNATURE OR NAME Paul Ricker, 814 S. Ferree, K.C.K. | ADDRESS |
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| 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, ashenia, etc. It means the disease, injury, or complication which caused death. | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH MUCOVISCIDIOSIS | | INTERVAL BETWEEN ONSET AND DEATH 1 YEAR 1 WEEK 5872 |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. BRONCHOPNEUMONIA DUE TO (c) | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |
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| 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) |
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| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? |
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22. I hereby certify that I attended the deceased from **11-13-54**, 19**54**, to **11-20**, 19**54** that I last saw the deceased alive on **11-20**, 1954, and that death occurred at **1:00p** m., from the causes and on the date stated above.

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| 23a. SIGNATURE Wayne Hart (Degree or title) | 23b. ADDRESS Mercy Hospital | 23c. DATE SIGNED 11-20-54 |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) Removal | 24b. DATE Nov. 22, 54 | 24c. NAME OF CEMETERY OR CREMATORY Maple Hill Cemetery | 24d. LOCATION (City, town, or county) (State) Kansas City, Kansas |
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| DATE REC'D BY LOCAL REG. 11-22-54 | REGISTRAR'S SIGNATURE neva minshall | 25. FUNERAL DIRECTOR'S SIGNATURE Jos. A. Butler's Sons, ADDRESS Kansas City, Kansas |
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Arthur J. Bell

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.....
Arthur J. Bell

Licensed Embalmer No... 3426

P. O. Address... Kansas City,

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.