

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-51-039782

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

Registration District No. 324 Primary Registration District No. 6093 Registrar's No. 200

DATE AMENDED
INSTEAD OF
DOCUMENT
MEDICAL CERTIFICATION
BY AFFIDAVIT OF
ITEM NO. SHOULD READ

FILED OCT 30 1961

1. PLACE OF DEATH
 a. COUNTY **Saline**
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN **Marshall** Length of stay in 1b **27 yrs.**
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION **Marshall State School & Hosp., Marshall, Mo.** Inside Limits Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
 STATE **Missouri** b. COUNTY **Grundy**
 c. CITY OR TOWN **Spickard** Inside Limits Yes No
 d. STREET ADDRESS (If outside, give location) **----** Residence on Farm Yes No

3. NAME OF DECEASED (Type or print) First Middle Last
Orville Wayne Ricketts

4. DATE OF DEATH Month Day Year
Oct. 24, 1961

5. SEX **Male** 6. COLOR OR RACE **White** 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH **3-13-1920** 9. AGE (last birthday) **41 yrs.**
 IF UNDER 1 YEAR Months Days IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Patient** 10b. KIND OF BUSINESS OR INDUSTRY **---** 11. BIRTHPLACE (City and state or country) **Spickard, Mo.** 12. CITIZEN OF WHAT COUNTRY **U.S.A.**

13a. FATHER'S NAME **Albert E. Ricketts** 13b. MOTHER'S MAIDEN NAME **Mary Margaret Travis** 14. NAME OF HUSBAND OR WIFE **---**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) **No** (If yes, give war or dates of service) 16. SOCIAL SECURITY NO. **None** 17. INFORMANT **Records of Marshall State School & Hosp., Marshall, Mo.**

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:
 IMMEDIATE CAUSE (a) **Broncho-pneumonia**
 DUE TO (b) **Chronic myo-carditis**
 DUE TO (c) _____
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) **Mental retardation, severe**
 PART III. If deceased was female was there a pregnancy in last 90 days. Yes No Unknown
 INTERVAL BETWEEN ONSET AND DEATH **14 days**
7 mos.

19. WAS AUTOPSY PERFORMED? YES NO 20a. ACCIDENT SUICIDE HOMICIDE 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 NOT WHILE AT WORK 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 **4-1-1959**, to **10-24-61** and last saw her/him alive on **10-24-1961**
 Death occurred at **4:30 p.** m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) **Arthur B. Fay M.D.** 22b. ADDRESS **Marshall, Mo.** 22c. DATE SIGNED **10-24-61**

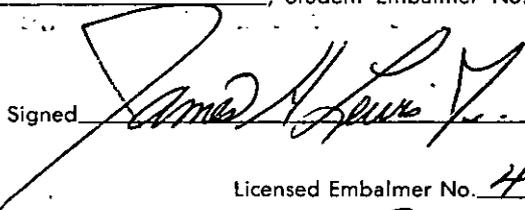
23a. BURIAL, CREMATION, REMOVAL (Specify) **Removal** 23b. DATE **10-25-1961** 23c. NAME OF CEMETERY OR CREMATORY **South Evans Cemetery** 23d. LOCATION (City, town, or county) (State) **Grundy County, Mo.**

24. FUNERAL DIRECTOR ADDRESS **Campbell-Lewis Marshall, Mo.** 25. DATE RECD. BY LOCAL REG. **10-25-61** 26. REGISTRAR'S SIGNATURE **Cecil J. Read**

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  _____

Licensed Embalmer No. 4709
P. O. Address Marshall, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.