FILED AUG 7 1951

No. 300
10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 22445

BIRTH NO. _____ REG. DIST. NO. 71 PRIMARY REG. DIST. NO. 3012 Registrar's No. 86

1. PLACE OF DEATH
a. COUNTY: Clay
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Excelsior Springs, Mo.
c. LENGTH OF STAY (in this place): 4 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Veterans Administration Hosp. Excelsior Springs, Missouri

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Clay
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Excelsior Springs, Missouri
d. STREET ADDRESS (If rural, give location): 101 Vaughn Street

3. NAME OF DECEASED (Type or Print)
a. (First): Gilbert
b. (Middle): B.
c. (Last): Ricketts

4. DATE OF DEATH (Month) (Day) (Year): July 17, 1951

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: January 19, 1888
9. AGE (In years last birthday): 63 — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Warehouseman-unemployed
10b. KIND OF BUSINESS OR INDUSTRY: U.S.Government
11. BIRTHPLACE (State or foreign country): Moscow, Missouri
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Hiram Ricketts
13b. MOTHER'S MAIDEN NAME: Alice Baker
14. NAME OF HUSBAND OR WIFE: Mae M. Ricketts

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): World War I
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME — ADDRESS: Hospital Records, Veterans Administration Hospital, Excelsior Springs, Missouri

MEDICAL CERTIFICATION

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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral thrombosis, due to arteriosclerosis — Interval between onset and death: Unknown

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Encephalomalacia of the mid-brain due to thrombosis; chronic nephrosclerosis — Unknown
DUE TO (c) Hypertensive cardiovascular disease — Unknown

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* Generalized arteriosclerosis — Unknown

a&b
442 X

19a. DATE OF OPERATION: --
19b. MAJOR FINDINGS OF OPERATION: --
20. AUTOPSY? YES ☐ NO ☒

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): -- m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: --

22. *I hereby certify that I attended the deceased from* July 14, *19*51, *to* July 17, *19*51, ~~[illegible]~~ *and that death occurred at* 6:32 p *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Roy K. Smith, M.D.
23b. ADDRESS: Excelsior Springs, Missouri
23c. DATE SIGNED: 7-18-51

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: JULY 19, 1951
24c. NAME OF CEMETERY OR CREMATORY: Crown Hill Cemetery
24d. LOCATION (City, town, or county) (State): Ex. Spgs. Mo. Clay Co. Mo

DATE REC'D BY LOCAL REG.: 7/19/51
REGISTRAR'S SIGNATURE: Caroline Hutchings
25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS: Hope Funeral Home, Ex. Spgs. Mo

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
2 1951
DISTRICT
HEALTH OFFICE
CAMERON, 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 ..... Student Embalmer No. ..... working under my personal supervision.

Student ..... Student Embalmer

Signed Chas Virgil Hope

Licensed Embalmer No. 3950

P. O. Address Excelsior Springs

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.