

FILED JAN 19 1952

STANDARD CERTIFICATE OF DEATH

State File No. **44026**
5655

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

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 (If outside corporate limits, write RURAL and give OR TOWN Kansas City township) D		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City	
c. LENGTH OF STAY (In this place) Days 5		d. STREET ADDRESS (If rural, give location) 1002 Bales	
d. FULL NAME OF HOSPITAL OR INSTITUTION Research Hospital.		3188	

3. NAME OF DECEASED (Type or Print)	a. (First) JUANITA	b. (Middle) F.	c. (Last) RICKS.	4. DATE OF DEATH (Month) (Day) (Year) Dec. 27, 1951
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Jan 8, 1901	9. AGE (In years last birthday) 50	IF UNDER 1 YEAR Months	IF UNDER 6 HRS. Hours	IF UNDER 15 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Wife	10b. KIND OF BUSINESS OR INDUSTRY At Home	11. BIRTHPLACE (State or foreign country) Stoutsville, Mo. D	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Wm J. Francis	13b. MOTHER'S MAIDEN NAME Lettie Hinkle	14. NAME OF HUSBAND OR WIFE Noah J. Ricks
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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. ?	17. INFORMANT'S SIGNATURE OR NAME Noah J. Ricks	ADDRESS 1002 Bales
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH E 8 1/2 H 210
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Stellate fracture frontal bone		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Spull Contusion Pt. Temporal DUE TO (c) Lobe Brain		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 2 Car Collision			

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) Accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, etc.) State	21c. (CITY, TOWN, OR TOWNSHIP) Kansas City (COUNTY) Jackson (STATE) MO
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 12-24-51	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? Auto Trauma
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22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE Hugh H. Owens (Degree or title) Coroner	23b. ADDRESS 1034 Riata Blvd	23c. DATE SIGNED 12-27-51
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24a. BURIAL CREMATION REMOVAL (Specify) Burial	24b. DATE Dec 29, 1951	24c. NAME OF CEMETERY OR CREMATORY Pleasant Grove	24d. LOCATION (City, town, or county) (State) Paris MO
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DATE REC'D BY LOCAL REG. 12-29-51	REGISTRAR'S SIGNATURE Geraldine Holmes	5. FUNERAL DIRECTOR'S SIGNATURE Noah J. Ricks	ADDRESS Judge
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(Licensed Embalmer's Statement on Reverse Side)

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

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 *Difon L. Kephly*

Licensed Embalmer No. *4225*

P. O. Address *Indep. md*

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.