

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. 4144

FILED MAR 5 1952

BIRTH NO. _____ REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 5135 Registrar's No. 88

1. PLACE OF DEATH a. COUNTY Butler		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Butler	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Broseley		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Brosley, Mo.	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print)	a. (First) Nellie	b. (Middle) Pearl	c. (Last) Ricketts	4. DATE OF DEATH (Month) (Day) (Year) Feb. 22 1952
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH March, 7. 1879	9. AGE (In years less birthday) 71	IF UNDER 1 YEAR Months Days	IF UNDER 12 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) housekeeper	10b. KIND OF BUSINESS OR INDUSTRY Pensioner	11. BIRTHPLACE (State or foreign country) Hamilton, Ill.	12. CITIZEN OF WHAT COUNTRY? U. S. A.
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13a. FATHER'S NAME Johnson	13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE Miles Ricketts, Deces.
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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)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME Mrs. Gallie Frost, Broseley, Mo.	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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 4 days
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Branch Pneumonia		
	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 no	19b. MAJOR FINDINGS OF OPERATION ✓	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) no	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 checked="" 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 **Feb 19, 1952**, to **Feb 22, 1952**, that I last saw the deceased alive on **Feb 22, 1952**, and that death occurred at **11 a. m.**, from the causes and on the date stated above.

23a. SIGNATURE Scott Cook, M.D.	(Degree or title)	23b. ADDRESS Butler Mo	23c. DATE SIGNED Feb 22 52
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 2. 24, 52.	24c. NAME OF CEMETERY OR CREMATORY Browns Chaple Cem.	24d. LOCATION (City, town, or county) (State) Broseley, Mo.
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DATE REC'D BY LOCAL REG. Feb 25 1952	REGISTRAR'S SIGNATURE Wm. H. Johnson	428-0	25. FUNERAL DIRECTOR'S SIGNATURE Watkins Funeral Ser.	ADDRESS Dexter, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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RECEIVED
MAR 4 - 1952
BUTLER CO. HEALTH CENTER
FILE No. 352-110

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.....
Student Embalmer

Signed

Walter Marsh Watkins

Licensed Embalmer No. 4717

P. O. Address. Sevier, 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.