

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED AUG 4 - 1953

5804 State File No. 25712

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 226 PRIMARY REG. DIST. NO. 5799 Registrar's No. 26

1. PLACE OF DEATH a. COUNTY <b>Monroe</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> COUNTY <b>Monroe</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Strother</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Strother RR 0690</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>none</b>		d. STREET ADDRESS (If rural, give location) <b>XXXXXXXXXX 0</b>	

3. NAME OF DECEASED (Type or Print)	a. (First) <b>Allie Belle</b>	b. (Middle) <b>Ricks</b>	c. (Last) <b>Ricks</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>7-26-53</b>
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5. SEX <b>Female</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>widowed</b>	8. DATE OF BIRTH <b>5/23/1871</b>	9. AGE (In years last birthday) <b>82</b>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	IF UNDER 24 HRS. Hours	IF UNDER 24 HRS. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>at home</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>home-making</b>	11. BIRTHPLACE (State or foreign country) <b>Monroe Co Florida</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
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13a. FATHER'S NAME <b>William Cro</b>	13b. MOTHER'S MAIDEN NAME <b>Rachael Lawrence</b>	14. NAME OF HUSBAND OR WIFE <b>Andrew Ricks, Deceased</b>
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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) <b>no</b>	16. SOCIAL SECURITY NO. <b>none</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. N.K. Hobbs</b> ADDRESS <b>RR 2nd</b>
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary Heart Disease</b>		INTERVAL BETWEEN ONSET AND DEATH <b>2 1/4</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>arteriosclerosis</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	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)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>4201</b>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **May 26, 1953** to **July 26, 1953**, that I last saw the deceased alive on **July 26, 1953**, and that death occurred at **2:05 p.m.** from the causes and on the date stated above.

23a. SIGNATURE <b>Mrs. N.K. Hobbs</b> (Degree or title) <b>RR 2nd</b>	23b. ADDRESS	23c. DATE SIGNED <b>7-28-53</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>	24b. DATE <b>7/29/53</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Pleasant Hill</b>	24d. LOCATION (City, town, or county) (State) <b>Monroe Co RR MO</b>
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DATE REC'D BY LOCAL REG. <b>7-30-53</b>	REGISTRAR'S SIGNATURE <b>Elaine Robertson</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Frank A. Robinson</b> ADDRESS <b>Madison</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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**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

*Fred A. Knapp*

Licensed Embalmer No. *32812*

P. O. Address *Madison*

**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.