

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

39248

State File No. ....

FILED NOV 19 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 5132

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas city mo</u>		c. LENGTH OF STAY (in this place) <u>2 2 yrs</u>	c. CITY (If outside corporate limits, write RURAL, and give township) OR TOWN <u>Kansas city, mo</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>6627 State Line - in street</u>			d. STREET ADDRESS (If rural, give location) <u>201 E 80th St terrace</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Mr George William</u>		b. (Middle) _____	c. (Last) <u>Ricketts</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>10-27-1953</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>9-9-1886</u>	9. AGE (in years last birthday) <u>67</u>	# UNDER 1 YEAR Months _____ Days _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>owner</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>trash hauling</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Cherryvale Kansas</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>		
13a. FATHER'S NAME <u>Jerry Ricketts</u>		13b. MOTHER'S MAIDEN NAME <u>Nancy Johnson</u>		14. NAME OF HUSBAND OR WIFE <u>Mable Ricketts</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mable Ricketts</u> ADDRESS <u>201 E 80th term KCMO</u>			
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary thrombosis</u>  ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>arteriosclerotic heart disease</u>  DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>			INTERVAL BETWEEN ONSET AND DEATH  <u>4:00</u>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
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) (Min)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?			
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 <u>Geo. C. Kealhofer</u> (Degree or title) <u>3</u>			23b. ADDRESS <u>4050 Broadway Farm</u>		23c. DATE SIGNED <u>10-28-53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>10-29-53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mt Moriah</u>	24d. LOCATION (City, town, or county) (State) <u>Jackson Co Mo</u>			
DATE REC'D BY LOCAL REG. <u>10-28-53</u>	REGISTRAR'S SIGNATURE <u>Sealdine Smith</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>France Wornell</u>		ADDRESS <u>K.C. Mo</u>	

(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

*Russell N. Fran*

Licensed Embalmer No. 425

P. O. Address K. C. M.

- 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.