

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **42550**

FILED DEC 21 1953 88788		REG. DIST. NO. <b>128</b>	PRIMARY REG. DIST. NO. <b>2000</b>	Registrar's No. <b>1114</b>
1. PLACE OF DEATH a. COUNTY <b>Greene</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Greene</b>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Springfield</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Springfield</b>		
c. LENGTH OF STAY (in this place) <b>1 Day</b>		d. STREET ADDRESS (If rural, give location) <b>721 East Lombard</b>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. John's Hospital</b>		0396		
3. NAME OF DECEASED (Type or Print) a. (First) <b>Richard</b>		b. (Middle) <b>Ricketts</b>		c. (Last) <b>Davis</b>
4. DATE OF DEATH (Month) (Day) (Year) <b>12 - 15 - 53</b>				
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Single</b>	8. DATE OF BIRTH <b>12 - 14 - 53</b>	9. AGE (In years last birthday) <b>1</b> # UNDER 1 YEAR <b>1</b> # UNDER 2 HRS. <b>3</b> Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>None</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>none</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Springfield, Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>
13a. FATHER'S NAME <b>Delbert Laurence Davis</b>		13b. MOTHER'S MAIDEN NAME <b>Martha Jean Ricketts</b>		14. NAME OF HUSBAND OR WIFE <b>None</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>	16. SOCIAL SECURITY NO. <b>NO</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Davis</b> ADDRESS <b>SPRINGFIELD, MO.</b>		
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) <b>Multiple Congenital Defects</b>		INTERVAL BETWEEN ONSET AND DEATH
		ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Complete Cleft Palate</b>		
		DUE TO (c) <b>Microglissia</b>		
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Microaquathia 7562</b>		
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>Bilateral absence of lower legs.</b>			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) m.	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 <b>12-14-53</b> , 19___, to <b>12-15-53</b> , 19___, that I last saw the deceased alive on <b>12-15-53</b> , 19___, and that death occurred at <b>11:40A</b> , from the causes and on the date stated above.				
23a. SIGNATURE <b>E. J. Schwartz M.D.</b> (Degree or title)		23b. ADDRESS <b>609 Cherry, Springfield Mo.</b>		23c. DATE SIGNED <b>12-18-53</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	24b. DATE <b>12/16/53</b>	24c. NAME OF CEMETERY OR CREMATORY <b>HAZELWOOD</b>	24d. LOCATION (City, town, or county) (State) <b>SPRINGFIELD, MO.</b>	
DATE REC'D BY LOCAL REG. <b>12-19-53</b>	REGISTRAR'S SIGNATURE <b>Fritz Williamson</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>H. H. LOHMEYER</b> ADDRESS <b>SPRINGFIELD, MO.</b>		

(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 Lucas J. Swadley

Licensed Embalmer No. 41815

P. O. Address Springfield

**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.