

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

**7688**

State File No. ....

BIRTH NO. FILED APR 12 1954 REG. DIST. NO. 14 PRIMARY REG. DIST. NO. 4028 Registrar's No. 6

<b>1. PLACE OF DEATH</b>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission)	
a. COUNTY <u>Barton</u>	b. COUNTY <u>Barton</u>	a. STATE <u>Missouri</u>	b. COUNTY <u>Barton</u>
b. CITY (If outside corporate limits, write RURAL and give township) <u>OR</u> TOWN <u>Liberal</u>	c. LENGTH OF STAY (in this place) <u>53</u> <u>yrs</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>OR</u> TOWN <u>Liberal</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>At Home</u>		d. STREET ADDRESS (If rural, give location)	

<b>3. NAME OF DECEASED</b> (Type or Print)	a. (First) <u>MARTHA</u>	b. (Middle) <u>JANE</u>	c. (Last) <u>RICKETTS</u>	<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <u>Mar 16 1954</u>
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<b>5. SEX</b> <u>F</u>	<b>6. COLOR OR RACE</b> <u>W</u>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <u>Widowed</u>	<b>8. DATE OF BIRTH</b> <u>Jan 18 1870</u>	<b>9. AGE</b> (In years last birthday) <u>84</u>	# UNDER 1 YEAR Months <u>1</u>	DAY <u>28</u>	# UNDER 1 MIN. Hours <u></u>	Min. <u></u>
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<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>Houswife</u>	<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <u>Own home</u>	<b>11. BIRTHPLACE</b> (State or foreign country) <u>Alexandria, Indiana</u>	<b>12. CITIZEN OF WHAT COUNTRY?</b> <u>U. S.</u>
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<b>13a. FATHER'S NAME</b> <u>Augustin A. King</u>	<b>13b. MOTHER'S MAIDEN NAME</b> <u>Elizabeth Lee</u>	<b>14. NAME OF HUSBAND OR WIFE</b> <u>Charles W. Ricketts</u>
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<b>15. WAS DECEASED EVER IN U. S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>	<b>16. SOCIAL SECURITY NO.</b> <u>XXX</u>	<b>17. INFORMANT'S SIGNATURE OR NAME</b> <u>Glenn Ricketts, Liberal, Mo.</u>	<b>ADDRESS</b>
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<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, assthenia, etc. It means the disease, injury, or complication which caused death.	<b>MEDICAL CERTIFICATION</b>		<b>INTERVAL BETWEEN ONSET AND DEATH</b> <u>History of 2 days</u>
	<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <u>Intestinal Obstruction</u>		
	<b>ANTECEDENT CAUSES</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____		
<b>II. OTHER SIGNIFICANT CONDITIONS*</b> Conditions contributing to the death but not related to the disease or condition causing death.			

<b>19a. DATE OF OPERATION</b>	<b>19b. MAJOR FINDINGS OF OPERATION</b> <u>None</u>	<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b> <u>5705</u>
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<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) (Min.)	<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b>
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**22. I hereby certify that I attended the deceased from Mar 16, 1954, to Mar 16, 1954, that I last saw the deceased alive on Mar 16, 1954, and that death occurred at 6:15p m., from the causes and on the date stated above.**

<b>23a. SIGNATURE</b> <u>Allen W. Handidge M.D.</u>	(Degree or title)	<b>23b. ADDRESS</b> <u>Mulberry, Kans.</u>	<b>23c. DATE SIGNED</b> <u>3/31/54</u>
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<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <u>Burial</u>	<b>24b. DATE</b> <u>Mar 20 1954</u>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <u>Worsley Cemetery</u>	<b>24d. LOCATION</b> (City, town, or county) (State) <u>Bronaugh, Missouri</u>
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<b>DATE REC'D BY LOCAL REG.</b> <u>March 31, 1954</u>	<b>REGISTRAR'S SIGNATURE</b> <u>Charlotte McDowell</u>	<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <u>Konantz Funeral Home, Lamar, Missouri</u>	<b>ADDRESS</b>
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(Licensed Embalmer's Statement on Reverse Side)

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

No. 300  
10-48  
60  
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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

*Norman Thompson*

Licensed Embalmer No. 4816

P. O. Address Lamar, Missouri

**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.