Health, Welfare Public Service

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FILED FEB 26 1958

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-004425

STATE FILE NUMBER

Registration District No. 17 Primary Registration District No. 5083 Registrar's No. 30

1. PLACE OF DEATH a. COUNTY Bates	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Cass
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) Mound Twp — Inside Limits Yes ☐ No ☒	c. CITY OR TOWN Pleasant Hill 0190 — Inside Limits Yes ☒ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Hwy 71 3Mi S. of Adrian — Length of stay in 1b	d. STREET ADDRESS (If outside, give location) ~~Unknown~~ 503 Cedar — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print)	First: Leola	Middle: Ruth	Last: Ricks	4. DATE OF DEATH Month Day Year: Feb. 16, 1958
5. SEX: Female	6. COLOR OR RACE: White	7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐	8. DATE OF BIRTH: Feb. 9, 1906	9. AGE (In years last birthday): 52 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife	10b. KIND OF BUSINESS OR INDUSTRY: Home	11. BIRTHPLACE (City and state or country): Rich Hill, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME: Lewis G. Vodry	13b. MOTHER'S MAIDEN NAME: Mary Ellen Hutchins	14. NAME OF HUSBAND OR WIFE: Wm. E. Ricks		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No	16. SOCIAL SECURITY NO.: 496 14 9664	17. INFORMANT: Wm. E. Ricks	Address: Pleasant Hill, Mo.	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Skull fracture — INTERVAL BETWEEN ONSET AND DEATH: 0

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒ 2

20a. ACCIDENT ☒ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Automobile collision.

20c. TIME OF INJURY Hour 8 p.m. Month, Day, Year 2-16-58

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Hwy 71 2 mi. N. Passaic

20f. CITY, TOWN, OR LOCATION 007 COUNTY Bates STATE Mo.

21. I attended the deceased from _____ to _____ and last saw her/him alive on _____

Death occurred at 8 P m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Douglas C. Ronald, MD Coroner	22b. ADDRESS: Butler, Mo	22c. DATE SIGNED: 2/20/58	
23a. BURIAL, CREMATION, REMOVAL (Specify): Burial	23b. DATE: 2-20-1958	23c. NAME OF CEMETERY OR CREMATORY: Pleasant Hill,	23d. LOCATION (City, town, or county) (State): Pleasant Hill, Mo.
24. FUNERAL DIRECTOR: Culver-Underwood	ADDRESS: Butler, Mo.	25. DATE RECD. BY LOCAL REG.: Feb. 20 -1958	26. REGISTRAR'S SIGNATURE: Kendall Kerry

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be accepted. All diseases in Part I must be causally related.

DEC 29 1958

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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 .....
Signature of Student Embalmer

Signed Robert G. Steinbach

Licensed Embalmer No. 4657

P. O. Address Butte 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.