

JURY DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-042702

FILED VS NOV 21 1960 179

5673

148

STATE FILE NUMBER

Registration District No. _____ Primary Registration District No. _____ Registrar's No. _____

1. PLACE OF DEATH a. COUNTY Lincoln		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Lincoln	
b. CITY (If outside corporate limits, give TOWNSHIP only) Monroe Twp OR TOWN Troy		Length of stay in 1b 1hr. r.	c. CITY OR TOWN Troy Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 6 Mi. S.E. of Troy MO.		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Kuhne Blvd. Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First GERALD Middle EVERETT Last Ricks			4. DATE OF DEATH Month Nov. Day 11 Year 1960		
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH Nov. 11, 1941	9. AGE (last birthday) 19	IF UNDER 1 YEAR Months _____ Days _____ Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Electronics Assembler		10b. KIND OF BUSINESS OR INDUSTRY Emerson Electric	11. BIRTHPLACE (City and state or country) Troy MO.		12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME Everett Ricks		13b. MOTHER'S MAIDEN NAME Lillian Slavens		14. NAME OF HUSBAND OR WIFE Gloria Ricks	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. 495-44-5622	17. INFORMANT Address Gloria Ricks Troy MO.		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) GSW Right upper Quadrant abdomen.		INTERVAL BETWEEN ONSET AND DEATH 20 Min.
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)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Subject handed gun to brother by muzzle.	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m.	Month, Day, Year Safety was off. Brother grasped gun & hit trigger. Gun discharged, wounding victim. Cal.22 Auto. rifle		
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Woods	20f. CITY, TOWN, OR LOCATION COUNTY STATE Monroe Twp. Lincoln County Mo.	

21. I attended the deceased from _____, to _____ and last saw him alive on _____
Death occurred at **4:10 PM** _____ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Joseph J. Marsh Sr. CORONER		22b. ADDRESS Troy, Missouri.		22c. DATE SIGNED 11/13/60
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Nov. 14, 1960	23c. NAME OF CEMETERY OR CREMATORY Old Alexander Cemetery	23d. LOCATION (City, town, or county) (State) Lincoln County MO.	
24. FUNERAL DIRECTOR ADDRESS D.W. McEoy Troy Mo		25. DATE RECD. BY LOCAL REG. 11-14-1960	26. REGISTRAR'S SIGNATURE Charlotte Leek	

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT
MEDICAL CERTIFICATION
BY AFFIDAVIT OF

NOV 22 1960

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

D.W. McCoy

Licensed Embalmer No. 3586

P. O. Address Troy Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform 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.