

STANDARD CERTIFICATE OF DEATH

FILED JUN 9 1949

State File No.

No. 300
10.48

BIRTH NO. REG. DIST. NO. 324 PRIMARY REG. DIST. NO. 3072 Registrar's No. 105

1. PLACE OF DEATH
a. COUNTY Saline
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Marshall
c. LENGTH OF STAY (In this place) 19 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION Fitzgibbons

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE Missouri b. COUNTY Lafayette
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Higginsville
d. STREET ADDRESS (If rural, give location) 208 West 15th Street.

3. NAME OF DECEASED
a. (First) Ida b. (Middle) Caroline c. (Last) Ritter
(Type or Print)

4. DATE OF DEATH (Month) -- (Day) (Year)
May 27, 1949

5. SEX Female 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married

8. DATE OF BIRTH Oct. 29, 1886 9. AGE (In years last birthday) 62 If UNDER 1 YEAR Months 6 Days 28 If UNDER 24 Hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House keeping
10b. KIND OF BUSINESS OR INDUSTRY Housekeeper

11. BIRTHPLACE (State or foreign country) Higginsville Mo. 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Gustave A. Ritter

13b. MOTHER'S MAIDEN NAME Sarah C. Uphaus

14. NAME OF HUSBAND OR WIFE -----

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no NO

16. SOCIAL SECURITY NO. ✓

17. INFORMANT'S SIGNATURE OR NAME Charles H. Hooper ADDRESS Higginsville Mo.

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, asphyxia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma Transverse Colon
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) _____
DUE TO (c) _____
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

153X

19a. DATE OF OPERATION Nov. 18, 1948

19b. MAJOR FINDINGS OF OPERATION Acute intestinal obstruction due to c.a. colon

20. AUTOPSY? YES NO

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)

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 18, 1948, 1948, to May 27, 1949, that I last saw the deceased alive on May 26, 1949, and that death occurred at 2:25 p.m., from the causes and on the date stated above.

23a. SIGNATURE Elshien M. W. D. (Degree or title)

23b. ADDRESS Marshall, Mo.

23c. DATE SIGNED 5-28-49

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal

24b. DATE May 29-1949

24c. NAME OF CEMETERY OR CREMATORY Evangelical Higginsville, Mo.

24d. LOCATION (City, town, or county) (State)

DATE REC'D BY LOCAL REG. May 29-1949 REGISTRAR'S SIGNATURE Sidney J. Gray 385

25. FUNERAL DIRECTOR'S SIGNATURE Charles H. Hooper ADDRESS Higginsville Mo.

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

JUN 6 RECD

RECEIVED

District Health Officer No. &

District File Number 649-110

Date Filed 6-8-49

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 Forrest A. Hooper

Licensed Embalmer No. 4358

P. O. Address Pigginsville, T.

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.