

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **30832**

FILED OCT 13 1950

BIRTH NO. _____ REG. DIST. NO. **156** PRIMARY REG. DIST. NO. **2001** Registrar's No. **424**

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

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Jasper	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Joplin		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Joplin	
d. FULL NAME OF HOSPITAL OR INSTITUTION 2206 Empire		d. STREET ADDRESS (If rural, give location) 2206 Empire	

3. NAME OF DECEASED (Type or Print) a. (First) Charles	b. (Middle) W.	c. (Last) Ritter	4. DATE OF DEATH (Month) (Day) (Year) Sept. 20 1950
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Sept. 26 1877	9. AGE (In years last birthday) 72	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 HR. Hours	IF UNDER 1 HR. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Mining Supt.	10b. KIND OF BUSINESS OR INDUSTRY mining	11. BIRTHPLACE (State or foreign country) Fayetteville, Ark.	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME John Ritter	13b. MOTHER'S MAIDEN NAME Flora Gibbons	14. NAME OF HUSBAND OR WIFE Lillie Ritter
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) unknown	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME Lillie Ritter	ADDRESS 2206 Empire
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH. 2 hrs.
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Lung abscess		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Probably J. B. (not proven) DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			NO TX

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **9/13 1950** to **9-20 1950**, that I last saw the deceased alive on **9-20-1950**, and that death occurred at **10 p. m.**, from the causes and on the date stated above.

23a. SIGNATURE Robt. L. Neff (Degree or title) M.D.	23b. ADDRESS Joplin Mo.	23c. DATE SIGNED 9-22-50
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 9-23-50	24c. NAME OF CEMETERY OR CREMATORY Forest Park	24d. LOCATION (City, town, or county) (State) Joplin Mo.
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DATE REC'D BY LOCAL REG. 9/26/50	REGISTRAR'S SIGNATURE Ed S. James 138	25. FUNERAL DIRECTOR'S SIGNATURE Parker-Hunsaker	ADDRESS Mortuary Joplin Mo
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(Licensed Embalmer's Statement on Reverse Side)

On file

REC'D 10-9-50
Jasper County Health Office

County File Number 50-9-715

Date Filed 10-10-50

AUG 23 1962

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 *F. M. Jones*

Licensed Embalmer No. *2319*

P. O. Address *Joplin 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 this body is not embalmed, fact should be so stated above.