

FILED JUL 25 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **23577**

BIRTH NO. _____ REG. DIST. NO. 172 PRIMARY REG. DIST. NO. 5642 Registrar's No. 42

1. PLACE OF DEATH a. COUNTY Lafayette		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Lafayette	
b. CITY OR TOWN Middleton (TWP) Rural		c. CITY OR TOWN Rural - Middleton (TWP) 1540	
c. LENGTH OF STAY (in this place) 3 yrs.		d. STREET ADDRESS (If rural, give location) 2 1/2 Mi. S. E. Waverly	
d. FULL NAME OF HOSPITAL OR INSTITUTION 2 1/2 Mi. S.E. Waverly			

3. NAME OF DECEASED (Type or Print) a. (First) Susie	b. (Middle) None	c. (Last) Ritchhart	4. DATE OF DEATH (Month) (Day) (Year) July 13, 1951
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced 3	8. DATE OF BIRTH Mch. 1, 1880	9. AGE (In years last birthday) 71	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Work	10b. KIND OF BUSINESS OR INDUSTRY None	11. BIRTHPLACE (State or foreign country) Carroll Co., Missouri 0	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Henry Ritchhart	13b. MOTHER'S MAIDEN NAME Mary A. Critz	14. NAME OF HUSBAND OR WIFE -----
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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) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Ella Ritchhart	ADDRESS Waverly, Mo.
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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 8 yrs +
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiovascular Renal Disease		
	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.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 442X	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)
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?

22. I hereby certify that I attended the deceased from 1-12-1943, to 7-12-1951, that I last saw the deceased alive on 7-11-1951, and that death occurred at 3 A.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) George A. Kellner MD	23b. ADDRESS Waverly Mo	23c. DATE SIGNED 7-14-51
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE July 15, 1951	24c. NAME OF CEMETERY OR CREMATORY Grand Pass Comm. Cem. Grand Pass, Mo.	24d. LOCATION (City, town, or county) (State)
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DATE REC'D BY LOCAL REG. July 17-1951	REGISTRAR'S SIGNATURE Clayton W. Landrum	25. FUNERAL DIRECTOR'S SIGNATURE Harry Hershberger	ADDRESS Marshall, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

0540

RECEIVED 7-24-51

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed 7-24-51

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 Joseph R. Mackler

Licensed Embalmer No. 4571

P. O. Address Marshall, 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.