

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **38341**

FILED DEC 5 1951

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **274** PRIMARY REG. DIST. NO. **3022** Registrar's No. **359**

1. PLACE OF DEATH a. COUNTY <b>Pettis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Pettis</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Sedalia</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Sedalia</b>	
c. LENGTH OF STAY (If this place) <b>Life</b>		d. STREET ADDRESS (If rural, give location) <b>123 East Broadway</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>123 East Broadway</b>			

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) <b>LOUIS</b>	b. (Middle) <b>F.</b>	c. (Last) <b>RITCHIE</b>	(Month) <b>Nov.</b>	(Day) <b>21,</b>	(Year) <b>1951</b>
5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>May 4, 1876</b>	9. AGE (In years last birthday) <b>75</b>	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Clerk</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Magistrate Court</b>		11. BIRTHPLACE (State or foreign country) <b>0</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>

13a. FATHER'S NAME <b>Clark Ritchie</b>	13b. MOTHER'S MAIDEN NAME <b>Cecelia Jane Smith</b>	14. NAME OF HUSBAND OR WIFE <b>Mrs. May V. Ritchie</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. May V. Ritchie</b> ADDRESS <b>Sedalia, Mo</b>

18. CAUSE OF DEATH. Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERNAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		<b>Coronary Thrombosis</b>		<b>Acute</b>
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES		
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		<b>Arterio Sclerosis</b>		
DUE TO (b)				
DUE TO (c)				
II. OTHER SIGNIFICANT CONDITIONS		<b>Hypertension &amp; Myocarditis</b>		<b>Several</b>
Conditions contributing to the death but not related to the disease or condition causing death.				<b>Yes</b>
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
	<b>4201</b>			

21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>M</b>	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) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> AT HOME <input type="checkbox"/> AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **June 1951**, to **Nov. 21, 1951**, that I last saw the deceased alive on **Nov 9, 1951**, and that death occurred at **12:10 AM**, from the causes and on the date stated above.

23. SIGNATURE (Degree or title) <b>W. B. Bestemmer MD</b>	23b. ADDRESS <b>Sedalia Mo</b>	23c. DATE SIGNED <b>11-21-51</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>Nov. 23, 1951</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Crown Hill</b>	24d. LOCATION (City, town, or county) (State) <b>Sedalia, Mo</b>
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DATE REC'D BY LOCAL REG. <b>11/27/1951</b>	REGISTRAR'S SIGNATURE <b>W. Campbell</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>W. Eckhart</b>	ADDRESS <b>Sedalia, Mo.</b>
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(Licensed Embalmer's Statement on Reverse Side)

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

GILLESPIE FUNERAL HOME

804

RECEIVED DEC 4 1951

DISTRICT HEALTH OFFICE No. 3

District File Number -----

Date Filed DEC 4 1951 -----

DEC 7 1951

DEC 7 1951

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 *Russell C. Maag*

Licensed Embalmer No. *4807*

P. O. Address *Sedalia, 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.