

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

No. 300  
10.48

FILED APR 7 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 5131 Registrar's No. 350

1. PLACE OF DEATH a. COUNTY <b>Buchanan</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Buchanan</b>	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <b>Rural-Tremont Township</b> )		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Joseph</b> <u>0117</u>	
c. LENGTH OF STAY (In this place) <b>1 day</b>		d. STREET ADDRESS (If rural, give location) <b>522 N. 25th Street</b>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>D.O.A. Missouri Methodist Hospital</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>Thomas</b> b. (Middle) <b>Logan</b> c. (Last) <b>Ritchey</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>March 30, 1952.</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Never married</b>	8. DATE OF BIRTH <b>Jan 20, 1916</b>		9. AGE (In years last birthday) <b>36</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Real Estate and General Insurance, Agent.</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>General Insurance, Agent.</b>		11. BIRTHPLACE (State or foreign country) <b>St. Joseph, Missouri.</b>	
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>					

13a. FATHER'S NAME <b>Thomas L. Ritchey</b>		13b. MOTHER'S MAIDEN NAME <b>Olive Sinks Willson</b>		14. NAME OF HUSBAND OR WIFE <b>*****</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>Yes</b> (If yes, give war or dates of service) <b>W. W. #2.</b>		16. SOCIAL SECURITY NO. <b>499-18-4743</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Willson Ritchey</b> ADDRESS <b>St. Joseph, Mo.</b>	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) <i>Does not mean mode of dying, such as heart failure, asphyxia, etc. means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Crush syndrome of the chest with</b>		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <b>Death instantaneous</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 <b>E9101</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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.) <b>Farm</b>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>St. Joseph Buchanan Mo</b>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>Mar 30 52 4Pm.</b>	21e. INJURY OCCURRED WHILE AT ( ) NOT WHILE WORK ( ) AT WORK ( )	21f. HOW DID INJURY OCCUR? <b>Doctor turned over upon him</b>

22. I hereby certify that I attended the deceased from July 4, 1946, to Mar 30, 1952 that I last saw the deceased alive on Mar 28, 1952 and that death occurred at 4:00P m., from the causes and on the date stated above.

23a. SIGNATURE (Name or title) <b>Robert Howard MD</b>	23b. ADDRESS <b>St. Joseph Mo</b>	23c. DATE SIGNED <b>Apr 1952</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>April 1, 1952</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Memorial Park Cemetery</b>
		24d. LOCATION (City, town, or county) (State) <b>St. Joseph, Missouri.</b>

DATE REC'D BY LOCAL REG. <b>April 3, 1952</b>	REGISTRAR'S SIGNATURE <b>Carl C. Costello</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Walter Pleuhoffer</b> ADDRESS <b>St. Joseph, Mo.</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

2110  
3

OCT 6 1952

JUN 4 1952

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 \*\*\*\*\*

\*\*\* \*\*\*\*\*

working under my personal supervision.

Student Embalmer No. ....\*\* \*\*

Signed *Alfred E. Huntington*

Signed.....\*\* \*\*  
Student Embalmer

Licensed Embalmer No. 3258 Missouri

P. O. Address St. Joseph, Missouri.

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.

THE STATE BOARD OF HEALTH OF MISSOURI  
BUREAU OF VITAL STATISTICS

State of Missouri }  
County of Buchanan } ss.

State File No. 453-52  
Local Registrar's No. 350

AFFIDAVIT FOR CORRECTION OF A RECORD

On this 11th day of April, 1952, before me appears.....

Willson Ritchey, who, upon his oath, states that the original record of ~~birth~~ death

for Thomas Logan Ritchey died March 30, 1952, in the State of Missouri, and which was filed at St. Joseph on....., 19....., should be corrected as follows:

Item No. 8. should read February 26, 1916

Instead of January 20, 1916

Item No. .... should read .....

Instead of .....

Item No. .... should read .....

Instead of .....

Item No. .... should read .....

Instead of .....

Item No. .... should read .....

Instead of .....

Item No. .... should read .....

Instead of .....

Item No. .... should read .....

Instead of .....

Item No. .... should read .....

Instead of .....

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Willson Ritchey Brother  
Relationship.

522 N. 25th Street, St. Joseph, Mo.  
Present Address.

Subscribed and sworn to before me this 11 day of April, 1952

My Commission expires Nov 8 - 1954 Jessie A. Bues Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

*Handwritten signature or scribble*