

JUN 30 1952

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 19522

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 659

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, Mo</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Joseph</b>		c. LENGTH OF STAY (in this place) <b>4 days</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural: Washington Twp.</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Josephs Hospital</b>			d. STREET ADDRESS (If rural, give location) <b>R. R. #5</b>		
3. NAME OF DECEASED (Type or Print)		a. (First) <b>Robert</b>		b. (Middle) <b>E.</b>	
		c. (Last) <b>Ritchie</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>June 17, 1952</b>	
5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED <b>widowed</b>	8. DATE OF BIRTH <b>August 3, 1866</b>	9. AGE (In years last birthday) <b>85</b>	IF UNDER 1 YEAR Months
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>ret. farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>farm</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>Robert Ritchie</b>		13b. MOTHER'S MAIDEN NAME <b>Fann Crumpley</b>		14. NAME OF HUSBAND OR WIFE <b>Noami Chesnut Ritchie</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <b>R. Chesnut Ritchie, R.R. #5, St. Joseph, Mo.</b>	
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral Hemorrhage</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>arterio scler gen</b>  DUE TO (c)  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Senility</b>			INTERVAL BETWEEN ONSET AND DEATH <b>6/13/52</b>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>331X</b>			20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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 <b>6/14</b> , 19 <b>52</b> , to <b>6/17</b> , 19 <b>52</b> , that I last saw the deceased alive on <b>6/17</b> , 19 <b>52</b> , and that death occurred at <b>11:50pm.</b> , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <b>Frank Handegan</b>			23b. ADDRESS <b>670 Francis St</b>		23c. DATE SIGNED <b>6/18/52</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>		24b. DATE <b>6/20/1952</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Sparta Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Buchanan County, Missouri</b>
DATE REC'D BY LOCAL REG. <b>June 26, 1952</b>		REGISTRAR'S SIGNATURE <b>Carl C. Cost</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Walter Bowman</b>	
				ADDRESS <b>Funeral Home St. Joseph, Mo</b>	

(Licensed Embalmer's Statement on Reverse Side)

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

**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. 4874

working under my personal supervision.

Student .....  
Student Embalmer

Signed George W Carter

Licensed Embalmer No. 4814

P. O. Address 319 S 109th Ave

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.