

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25432

State File No.

FILED JUL 22 1952

BIRTH NO. _____ REG. DIST. NO. _____ PRIMARY REG. DIST. NO. 3057 Registrar's No. 54

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| 1. PLACE OF DEATH a. COUNTY <u>0891</u> <u>Ray</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Ray 0891</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Richmond</u> | | c. LENGTH OF STAY (In this place) <u>Years</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>210 W. North Main</u> | | d. STREET ADDRESS (If rural, give location) <u>210 W. North Main</u> | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) <u>MARY</u> b. (Middle) <u>MARGARET</u> c. (Last) <u>RITZ</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>July 16, 1952</u> | | |
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| 5. SEX <u>Female</u> | | 6. COLOR OR RACE <u>White</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u> | | 8. DATE OF BIRTH <u>May 7, 1868</u> | | 9. AGE (In years last birthday) <u>84</u> | | 10. UNDER 1 YEAR (Months) <u>2</u> Days <u>11</u> | | 11. UNDER 4 HRS. (Hours) (Min.) | |
|----------------------|--|-------------------------------|--|---|--|-------------------------------------|--|---|--|---|--|---------------------------------|--|

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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u> | | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Housekeeping</u> | | | 11. BIRTHPLACE (State or foreign country) <u>Cal. Camp, Missouri</u> | | | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> | | |
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| 13a. FATHER'S NAME <u>John Harvey</u> | | | 13b. MOTHER'S MAIDEN NAME <u>Abelita Bowman</u> | | | 14. NAME OF HUSBAND OR WIFE <u>Salmon Ritz</u> | | |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>No</u> | | 16. SOCIAL SECURITY NO. <u>none</u> | | 17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Mary Lamb, Richmond, Missouri</u> | | 18. ADDRESS <u>Richmond, Missouri</u> | |
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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, asphyxia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u> INTERVAL BETWEEN ONSET AND DEATH <u>July 3, 1952</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis, generalized</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | | | |
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| 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) <u>331X</u> | |
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| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) | | 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 July 3, 1952, to July 16, 1952, that I last saw the deceased alive on July 16, 1952 and that death occurred at 9:20 p.m., from the causes and on the date stated above.

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|--|--|--|--|---------------------------------------|--|
| 23a. SIGNATURE (Degree or title) <u>L. D. Greene, M.D.</u> | | 23b. ADDRESS <u>Richmond, Missouri</u> | | 23c. DATE SIGNED <u>July 17, 1952</u> | |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>July 17, 1952</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Sunny Side Cemetery</u> | | 24d. LOCATION (City, town, or county) (State) <u>Richmond, Missouri</u> | |
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| DATE REC'D BY LOCAL REG. <u>July 19, 1952</u> | | REGISTRAR'S SIGNATURE <u>Malcolm Jackson</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Quest. Miss. Funeral Home</u> | | ADDRESS <u>Richmond, Missouri</u> | |
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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.

working under my personal supervision.

Student
Student Embalmer

Signed.....

Licensed Embalmer No. 4866

P. O. Address Richmond, Va

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.