

THE DIVISION OF VITAL RECORDS
STANDARD CERTIFICATE OF DEATH

33906

FILED OCT 9 1952

4478 State File No.

BIRTH NO. _____		REG. DIST. NO. <u>325</u>		PRIMARY REG. DIST. NO. <u>4480</u>		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY <u>Schuyler</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Iowa</u> b. COUNTY <u>Davis</u>			
b. CITY OR TOWN <u>Lancaster</u>		c. LENGTH OF STAY (in this place) _____		c. CITY OR TOWN <u>Troy Iowa</u>		8140	
d. FULL NAME OF HOSPITAL OR INSTITUTION _____				d. STREET ADDRESS (If rural, give location) _____			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Bennie</u>		b. (Middle) <u>Arlo</u>		c. (Last) <u>Ritz</u>	
4. DATE OF DEATH		(Month) <u>Sept.</u>		(Day) <u>25</u>		(Year) <u>1952</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>4-24-1924</u>	
9. AGE (In years last birthday) <u>28</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Trucker</u>		11. BIRTHPLACE (State or foreign country) <u>Davis Co Iowa</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Orell Ritz</u>		13b. MOTHER'S MAIDEN NAME <u>Bulah Fidler</u>		14. NAME OF HUSBAND OR WIFE <u>Eva Ritz</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Yes</u>		16. SOCIAL SECURITY NO. <u>World War Two 481-20-7954</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Bulah Ritz</u> ADDRESS <u>Bloomfield Ia</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
This does not mean the mode of dying, such as heart failure, atherosclerosis, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) <u>Car accident</u>					
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>broken ribs and other injuries</u>					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Turning on highway</u>					
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>highway 63</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Lancaster Schuyler Mo</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>9 25 52 10 PM</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Car accident</u>			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____; and that death occurred at <u>10 PM</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>Norm Adams</u>		(Degree or title) <u>6</u>		23b. ADDRESS <u>Lancaster Mo</u>		23c. DATE SIGNED <u>9-27-52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>9-28-1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Troy</u>		24d. LOCATION (City, town, or county) (State) <u>Troy Iowa</u>	
DATE REC'D BY LOCAL REG. <u>9-27-52</u>		REGISTRAR'S SIGNATURE <u>Lucretia Head</u>		1353-1		25. FUNERAL DIRECTOR'S SIGNATURE <u>Cheryl</u> ADDRESS <u>Bloomfield Ia</u>	

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

NOV 6 1952

OCT 10 1952

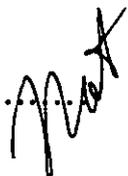
STATEMENT BY LICENSED EMBALMER

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
Student Embalmer



Signed

Licensed Embalmer No.

P. O. Address

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.