

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

14746

State File No. 1375

No. 300
10.48

FILED ^{APR 16 1953}

BIRTH NO. _____ REG. DIST. NO. 157 PRIMARY REG. DIST. NO. 3028 Registrar's No. 75

493
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived; if institution: residence before admission) a. STATE Missouri b. COUNTY Jasper	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Carthage		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Carthage	
c. LENGTH OF STAY (In this place) 17 yrs		d. STREET ADDRESS (If rural, give location) 742 E. Seventh St	
d. FULL NAME OF HOSPITAL OR INSTITUTION McGuire-Brooks Hospital			

3. NAME OF DECEASED (Type or Print)	a. (First) DONALD	b. (Middle) CLIFFORD	c. (Last) RITCHIE	4. DATE OF DEATH (Month) (Day) (Year) April 8, 1953
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5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married	8. DATE OF BIRTH Sept 3, 1935	9. AGE (In years last birthday) 17	10. MONTHS 0	11. DAYS 0	12. HOURS 0	13. MIN. 0
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) student	10b. KIND OF BUSINESS OR INDUSTRY --	11. BIRTHPLACE (City and State or Foreign Country) Reeds, Missouri	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Earl Ritchie	13b. MOTHER'S MAIDEN NAME Maudie Thorn	14. NAME OF HUSBAND OR WIFE -
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) 489-34-7783	17. INFORMANT'S SIGNATURE OR NAME Earl Ritchie, 742 E. 7th, Carthage, Mo	ADDRESS
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 2 years
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Osteogenic Sarcoma</i> <i>(Primary of rt. femur with pulmonary and hepatic metastases)</i>		
	ANTECEDENT CAUSES <i>(Prolonged rt. femur with pulmonary and hepatic metastases)</i> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (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 196 X	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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 4-18, 1951, to 4-8, 1953, that I last saw the deceased alive on 4-8, 1952, and that death occurred at 9:50 p.m., from the causes and on the date stated above.

23a. SIGNATURE <i>[Signature]</i> MD 0	23b. ADDRESS Carthage, Mo	23c. DATE SIGNED 4-9-53
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24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE Apr 11, 1953	24c. NAME OF CEMETERY OR CREMATORY Park Cemetery	24d. LOCATION (City, town, or county) (State) Carthage, Mo
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DATE REC'D BY LOCAL REG. 4-10-53	REGISTRAR'S SIGNATURE <i>[Signature]</i> MD 134	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Knell Mortuary, Carthage, Mo
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(Licensed Embalmer's Statement on Reverse Side)

RECEIVED 4-15-53
Jasper County Health Office

County File Number 53/4/335

Date Filed 4-15-53

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 Frank W. Kneese

Licensed Embalmer No. 4440

P. O. Address Carthage, 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.