

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

State File No. **9751**

FILED **MAR 23 1954** REG. DIST. NO. **297** PRIMARY REG. DIST. NO. **6022** Registrar's No. **28**

<b>1. PLACE OF DEATH</b> a. COUNTY <b>Ray</b>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Ray</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural - Richmond</b>		c. CITY OR TOWN <b>Richmond</b>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (In this place) <b>40 yrs.</b>		e. STREET ADDRESS (If rural, give location) <b>1/4 mile northwest of Richmond</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>1/4 mile northwest of Richmond</b>			

<b>3. NAME OF DECEASED</b> (Type or Print) a. (First) <b>WILLIAM</b> b. (Middle) <b>RILEY</b> c. (Last) <b>RITCHIE</b>			<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <b>March 15, 1954</b>		
<b>5. SEX</b> <b>Male</b>	<b>6. COLOR OR RACE</b> <b>White</b>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <b>Married</b>	<b>8. DATE OF BIRTH</b> <b>July 31, 1888</b>	<b>9. AGE</b> (In years last birthday) <b>65</b>	<b>IF UNDER 1 YEAR</b> Months Days <b>0 0</b>
<b>10a. USUAL OCCUPATION</b> (The kind of work done during most of working life, even if retired) <b>Miner</b>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <b>Coal mining</b>	<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <b>Virginia</b>		<b>12. CITIZEN OF WHAT COUNTRY?</b> <b>U.S.A.</b>

<b>13a. FATHER'S NAME</b> <b>John Ritchie</b>		<b>13b. MOTHER'S MAIDEN NAME</b> <b>Mary Dove</b>		<b>14. NAME OF HUSBAND OR WIFE</b> <b>Susie Ritnour Ritchie</b>	
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		<b>16. SOCIAL SECURITY NO.</b> <b>499-09-2550</b>		<b>17. INFORMANT'S SIGNATURE OR NAME</b> <b>Mrs. Susie R. Ritchie, Richmond, Mo.</b>	

<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	<b>MEDICAL CERTIFICATION</b>		<b>INTERVAL BETWEEN ONSET AND DEATH</b>
	<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <b>Cardiac arrest</b>		
	<b>ANTECEDENT CAUSES</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Carcinomatosis</b> DUE TO (c) <b>primary lung</b>		
<b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death.			
<b>19a. DATE OF OPERATION</b>	<b>19b. MAJOR FINDINGS OF OPERATION</b>		<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)		<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)		<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b>	
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) (Min.)		<b>21e. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		<b>21f. HOW DID INJURY OCCUR?</b>	

**22. I hereby certify that I attended the deceased from 2-10, 1954, to 3-15, 1954, that I last saw the deceased alive on 3-14, 1954, and that death occurred at 6:50 P.M., from the causes and on the date stated above.**

<b>23a. SIGNATURE</b> (Degree or title) <b>G. R. Danault M.D.</b>		<b>23b. ADDRESS</b> <b>Richmond</b>		<b>23c. DATE SIGNED</b> <b>3-17-54</b>	
<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <b>Burial</b>		<b>24b. DATE</b> <b>March 17, 1954</b>		<b>24c. NAME OF CEMETERY OR CREMATORY</b> <b>Sunny Slope Cemetery</b>	
				<b>24d. LOCATION</b> (City, town, or county) (State) <b>Richmond, Mo.</b>	

<b>DATE REC'D BY LOCAL REG.</b> <b>March 20, 1954</b>	<b>REGISTRAR'S SIGNATURE</b> <b>Malcolm Jackson</b>	<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <b>Thurman Thurman</b>	<b>ADDRESS</b> <b>Richmond, Mo.</b>
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(Licensed Embalmer's Statement on Reverse Side)

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

W.M.A. 5

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb

by me, ~~xxx~~ by ..... Student Embalmer No.....

<sup>estate</sup> working under my personal supervision..

Student .....  
Signature of Student Embalmer

Signed *Wm. L. Thurman* .....

Licensed Embalmer No. 4563.

P. O. Address Richmond, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.