

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37368
State File No.

FILED NOV 30 1955

BIRTH NO. _____ REG. DIST. NO. 172 PRIMARY REG. DIST. NO. 4272 Registrar's No. 79

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

1. PLACE OF DEATH a. COUNTY <u>LAFAYETTE</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>LAFAYETTE</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>WAVERLY</u>	c. LENGTH OF STAY (in this place) <u>LIFETIME</u>	c. CITY OR TOWN <u>RURAL Waverly</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>D.O.A. WAVERLY-MISSOURI AT KELLING CLINIC</u>			
e. STREET ADDRESS (If rural, give location) <u>1/2 MI. SOUTH OF WAVERLY, MO.</u>		0540	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>OLA</u>	b. (Middle) <u>HOOVER</u>	c. (Last) <u>RITCHHART</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>11 23 1955</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>MARRIED</u>	8. DATE OF BIRTH <u>2-21-1887</u>	9. AGE (In years last birthday) <u>68</u>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 HRS. Hours	IF UNDER 1 HRS. Mins.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSE WIFE</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>NONE</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>GRAND PASS - MISSOURI</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>CHARLEY DICKSON</u>	13b. MOTHER'S MAIDEN NAME <u>KATHERINE ARGOOD NELSON</u>	14. NAME OF HUSBAND OR WIFE <u>RITCHHART</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>	16. SOCIAL SECURITY NO. <u>NO</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Opal McReynolds</u>	ADDRESS <u>Marshall, Mo.</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, asthma, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Embolus</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3 hrs?</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>arterial hypertension</u>		<u>10+ years</u>
	DUE TO (c)		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>331X</u>		

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)
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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?
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22. I hereby certify that I attended the deceased from 11-23, 1955, to 11-23, 1955, that I last saw the deceased alive on 11-23, 1955, and that death occurred at 5:30P m., from the causes and on the date stated above.

23a. SIGNATURE (Name and title) <u>Dorcas Kelling M.D.</u>	23b. ADDRESS <u>Waverly Mo</u>	23c. DATE SIGNED <u>11-25-55</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>11-26-55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>COMMUNITY CEMETERY</u>	24d. LOCATION (City, town, or county) (State) <u>GRAND PASS MO.</u>
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DATE REC'D BY LOCAL REG. <u>Nov. 25-1955</u>	REGISTRAR'S SIGNATURE <u>Clayton W. Landrum</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Bailey Funeral Home</u>	ADDRESS <u>Waverly, Mo.</u>
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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 ✓
Signature of Student Embalmer

Signed *Morris D. Bailey*

Licensed Embalmer No. 488

P. O. Address *Lowell, Ill.*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.