

FILED JAN 30 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **2274**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **274** PRIMARY REG. DIST. NO. **3052** Registrar's No. **88**

1. PLACE OF DEATH a. COUNTY <b>Pettis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Chariton</b>	
b. CITY (If outside corporate limits, write RURAL and give town) <b>Sedalia</b>	c. LENGTH OF STAY (in this place) <b>7 days</b>	c. CITY OR TOWN <b>Salisbury</b>	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 <b>Bothwell Hospital</b>		STREET ADDRESS (If rural, give location) _____	

3. NAME OF DECEASED (Type or Print) a. (First) <b>JOSEPH</b> b. (Middle) <b>LAWRENCE</b> c. (Last) <b>RITZENTHALER</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>Jan. 24, 1956</b>
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>Nov. 7, 1873</b>	9. AGE (In years last birthday) <b>82</b>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Editor</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>News paper publishing</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Hearthelm, Baden, Germany</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>Karl Ritzenthaler</b>	13b. MOTHER'S MAIDEN NAME <b>Rosa Imes Ritsenthaler</b>	14. NAME OF HUSBAND OR WIFE <b>Jennie Hall Ritzenthaler</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>	16. SOCIAL SECURITY NO. <b>none</b>	17. INFORMANT'S SIGNATURE OR NAME <b>W.H. Ritzenthaler</b>	ADDRESS <b>Sedalia, Mo.</b>
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Ventricular Fibrillation</b>		INTERVAL BETWEEN ONSET AND DEATH <b>Immediate</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Auricular Fibrillation unknown</b>		<b>unknown</b>
	DUE TO (c) <b>Arteriosclerosis heart disease</b>		<b>unknown</b>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Adams Stokes syndrome</b>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>4 200</b>	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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 **Jan 56**, to **24 Jan 56**, that I last saw the deceased alive on **24 Jan 56**, and that death occurred at **11:50 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE <b>W.H. Ritzenthaler</b>	23b. ADDRESS <b>1216 West 15th St. Sedalia, Mo.</b>	23c. DATE SIGNED <b>24 Jan 56</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	24b. DATE <b>1/24/56</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Salisbury Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Salisbury, Missouri</b>
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DATE REC'D BY LOCAL REG. <b>1-24-56</b>	REGISTRAR'S SIGNATURE <b>Anna County Clerk</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Wm. E. Long</b>	ADDRESS <b>Sedalia, Mo.</b>
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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..... *P. E. Baker* .....

Licensed Embalmer No. *241*

P. O. Address *Sedalia* .....

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.