FILED MAY 11 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 13874

BIRTH NO. _____ REG. DIST. NO. 172 PRIMARY REG. DIST. NO. 5142 Registrar's No. 32

1. PLACE OF DEATH
a. COUNTY: LAFAYETTE
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): WAVERLY Rural
c. LENGTH OF STAY (in this place): 18 YRS.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): HOME AT WAVERLY

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: MISSOURI
b. COUNTY: LAFAYETTE
c. CITY OR TOWN: WAVERLY
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☒
e. STREET ADDRESS (If rural, give location): NONE

0540

3. NAME OF DECEASED (Type or Print)
a. (First): ELLA
b. (Middle): FLORIE
c. (Last): RITCHHART

4. DATE OF DEATH (Month): 5 (Day): 5 (Year): 1956

5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): NEVER MARRIED
8. DATE OF BIRTH: 3-29-1882
9. AGE (In years last birthday): 74 — IF UNDER 1 YEAR: Months ___ Days ___ IF UNDER 24 HRS.: Hours ___ Min. ___
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEKEEPER
10b. KIND OF BUSINESS OR INDUSTRY: NONE
11. BIRTHPLACE (City and State or Foreign Country): CARROLL CO. MISSOURI
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: HENRY RITCHHART
13b. MOTHER'S MAIDEN NAME: MARY CRIT
14. NAME OF HUSBAND OR WIFE: NONE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): ✓
16. SOCIAL SECURITY NO.: NONE
17. INFORMANT'S SIGNATURE OR NAME: NELSON RITCHHART
ADDRESS: WAVERLY MO.

MEDICAL CERTIFICATION

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, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion Acute — INTERVAL BETWEEN ONSET AND DEATH: 35 min

ANTECEDENT CAUSES

Morbid 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. Chronic Myocarditis — ?

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: 4/20/
20. AUTOPSY? YES ☐ NO ☒

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)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan 1, 1946, *to* May 5, 1956 *that I last saw the deceased alive on* May 5, 1956, *and that death occurred at* 5:10 A *m., from the causes and on the date stated above.*

23a. SIGNATURE: Douglas Kelling (Degree or title) M.D.
23b. ADDRESS: Waverly Mo
23c. DATE SIGNED: 5-7-56

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: 5-7-56
24c. NAME OF CEMETERY OR CREMATORY: Community CEMETERY
24d. LOCATION (City, town, or county) (State): GRAND PASS MO.

DATE REC'D BY LOCAL REG.: May 5-1956
REGISTRAR'S SIGNATURE: Clayton W Landrum
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Bailey Funeral Home, Lexington Mo

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
20-48

STATEMENT BY LICENSED EMBALMER

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

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Morris D. Bailey.....

Licensed Embalmer No. 4.8.8

P. O. Address Waverly

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fa
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.