

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36864

State File No. _____

FILED NOV 12 1957

BIRTH NO. _____ REG. DIST. NO. 274 PRIMARY REG. DIST. NO. 3052 Registrar's No. 461

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|---|--|--|--|
| 1. PLACE OF DEATH a. COUNTY <u>Pettis</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Pettis</u> | |
| b. CITY OR TOWN <u>Sedalia</u> (If outside corporate limits, write RURAL and give township) c. LENGTH OF STAY (in this place) | | c. CITY OR TOWN <u>Sedalia</u> d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>400 East 2nd</u> | | e. STREET ADDRESS (If rural, give location) <u>400 East 2nd</u> | |

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|---|--|---|--|--|--|
| 3. NAME OF DECEASED a. (First) <u>JACOB</u> b. (Middle) <u>Ritchey</u> c. (Last) <u>Ritchey</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 6 1957</u> | | |
| 5. SEX <u>Male</u> | | 6. COLOR OR RACE <u>White</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widower</u> | |
| 8. DATE OF BIRTH <u>July 11 1863</u> | | 9. AGE (In years last birthday) <u>94</u> | | IF UNDER 1 YEAR Months Days Hours Min. _____ | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Farm</u> | | 11. BIRTHPLACE (City and State or Foreign Country) <u>Cooper Co. Mo.</u> | |
| 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> | | | | | |

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|---|--|--|--|--|--|
| 13a. FATHER'S NAME <u>John Ritchey</u> | | 13b. MOTHER'S MAIDEN NAME <u>Rebecca</u> | | 14. NAME OF HUSBAND OR WIFE <u>Babe Ritchey</u> | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war & dates of service) <u>no</u> | | 16. SOCIAL SECURITY NO. <u>none</u> | | 17. INFORMANT'S SIGNATURE OR NAME <u>Mrs F. M. Custer</u> ADDRESS <u>Donnell, 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. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>MALNUTRITION</u> | | INTERVAL BETWEEN ONSET AND DEATH | |
| | | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>SENILITY</u> | | | |
| | | DUE TO (c) _____ | | | |
| | | II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | <u>2865</u> | |

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|---|--|--|--|--|--|
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
| 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) | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? | |

22. I hereby certify that I attended the deceased from 28 Oct, 1957, to death, 1957, that I last saw the deceased alive on 28 Oct, 1957, and that death occurred at 2:30 a. m., from the causes and on the date stated above.

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|--|--|--|--|---|--|
| 23a. SIGNATURE <u>Karl A. Jones MD</u> (Degree or title) | | 23b. ADDRESS <u>Sedalia Mo</u> | | 23c. DATE SIGNED <u>6 Nov 57</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>11-8-57</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Crown Hill</u> | |
| DATE REC'D BY LOCAL REG. <u>11-8-57</u> | | REGISTRAR'S SIGNATURE <u>Frances Shelby</u> | | 24d. LOCATION (City, town, or county) (State) <u>Sedalia Mo</u> | |
| | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Mc Laughlin Bros</u> | | ADDRESS <u>Sedalia</u> | |

(Licensed Embalmer's Statement on Reverse Side)

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

541-2

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.....
K.P. McLeary

Licensed Embalmer No. *3153*

P. O. Address *Dodalia*

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.