

FILED OCT 8 1957

STANDARD CERTIFICATE OF DEATH

39012  
State File No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 379 PRIMARY REG. DIST. NO. 4553 Registrar's No. 230

1. PLACE OF DEATH a. COUNTY <u>WRIGHT</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>Douglas</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>MANZFIELD</u>		c. CITY OR TOWN <u>AVA</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>The Mansfield Hospital</u>		e. STREET ADDRESS (If rural, give location) <u>RT. 2</u> <u>0340</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Blanche</u>	b. (Middle)	c. (Last) <u>Ritter</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>9-13-57</u>
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5. SEX <u>2</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>10-26-1887</u>	9. AGE (In years last birthday) <u>69</u>	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) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>OWN Home</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Vates Center, Kansas</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>B.F. HUTCHINS</u>	13b. MOTHER'S MAIDEN NAME <u>Lydia Maylor</u>	14. NAME OF HUSBAND OR WIFE <u>Charley Ritter</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>	16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Charley Ritter</u>	ADDRESS <u>AVA RT. 2</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>Carcinoma Common Bile duct &amp; Liver</u>		INTERVAL BETWEEN ONSET AND DEATH <u>18 days</u>
	ANTECEDENT CAUSES Morbidity 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. <u>Melastoma to Pancreas</u> <u>1552</u>		

19a. DATE OF OPERATION <u>9/14/57</u>	19b. MAJOR FINDINGS OF OPERATION <u>Carcinoma Common Bile duct &amp; Liver</u>	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)
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 Aug 26 1957 to 9/13/57, 1957, that I last saw the deceased alive on 9/13, 1957, and that death occurred at 6:40 P m., from the causes and on the date stated above.

23a. SIGNATURE <u>H. J. Zimmerman</u>	(Degree or title) <u>DO.</u>	23b. ADDRESS <u>Manzfield Mo</u>	23c. DATE SIGNED <u>9/15/57</u>
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24a. BURIAL CREMATION/REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>9-16-57</u>	24c. NAME OF CEMETERY OR CREMATORY <u>AVA - CEMETARY</u>	24d. LOCATION (City, town, or county) (State) <u>AVA - MO</u>
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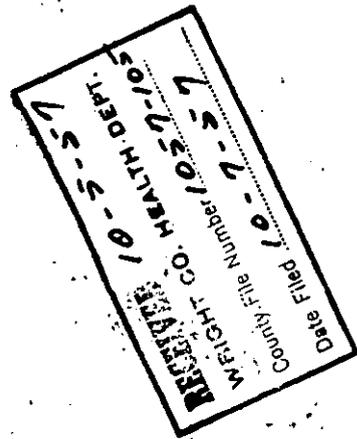
DATE REC'D BY LOCAL REG. <u>9/30/57</u>	REGISTRAR'S SIGNATURE <u>Stan Paul</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Clingingbeard</u>	ADDRESS <u>Funeral Home</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

384

DEC 17 1957



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 *Charles R. Fish*

Licensed Embalmer No. *4660*

P. O. Address *Avon, mo*

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.