S. No. 300
v. 10.48

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 58-015115

FILED MAY 13 1958

BIRTH NO. _____ REG. DIST. NO. 243 PRIMARY REG. DIST. NO. 4364 Registrar's No. 61

1. PLACE OF DEATH
a. COUNTY Newton
b. CITY OR TOWN Stella (If outside corporate limits, write RURAL and give township)
c. LENGTH OF STAY (In this place) few hours
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Cardwell Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Ark.
b. COUNTY Benton
c. CITY OR TOWN Sulphur Springs
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☒
e. STREET ADDRESS (If rural, give location) Rural.

3. NAME OF DECEASED (Type or Print)
a. (First) DEWEY b. (Middle) EUGENE c. (Last) RITCHISON

4. DATE OF DEATH (Month) Apr (Day) 12, (Year) 1958

5. SEX Male
6. COLOR OR RACE white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never Married
8. DATE OF BIRTH May 27, 1940
9. AGE (In years last birthday) 17
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) None
10b. KIND OF BUSINESS OR INDUSTRY None
11. BIRTHPLACE (City and State or Foreign Country) Whitewater, Wisconsin
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Elmer D. Ritchison
13b. MOTHER'S MAIDEN NAME Virgie Orr
14. NAME OF HUSBAND OR WIFE ____

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 Elmer D. Ritchison
ADDRESS Sulphur Spgs Ark

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.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac arrest — INTERVAL BETWEEN ONSET AND DEATH immediate

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) ____
DUE TO (c) 5500

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. acute gangrenous appendicitis

19a. DATE OF OPERATION April 12, 58
19b. MAJOR FINDINGS OF OPERATION acute Gangrenous appendicitis
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* April 9, 1958, *to* April 12, 1958, *that I last saw the deceased alive on* April 12, 1958 *and that death occurred at* 8:45 *m., from the causes and on the date stated above.*

23a. SIGNATURE [illegible] (Degree or title) MD
23b. ADDRESS Noel Mo
23c. DATE SIGNED April 24

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Apr 15 - 58
24c. NAME OF CEMETERY OR CREMATORY Butler Creek
24d. LOCATION (City, town, or county) (State) Sulphur Springs Ark

DATE REC'D BY LOCAL REG. 4-24-58
REGISTRAR'S SIGNATURE Mildred Moberly
25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS Callison McKinney Jonesboro, Ark.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. Newton

District File Number 558-101

Date Filed MAY 6 1958

STATEMENT BY LICENSED EMBALMER

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

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

working under my personal supervision..

Student..... Signature of Student Embalmer

Signed.....

Licensed Embalmer No.....

P. O. Address .....

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