

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-038577

STATE FILE NUMBER

FILED OCT 28 1958

Registration District No. 336 Primary Registration District No. 4423 Registrar's No. 371

300  
-57

1. PLACE OF DEATH a. COUNTY <u>Shannon</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Shannon</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Birch Tree</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Birch Tree</u> 1010
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Home</u>		Length of stay in 1b <u>years</u>	d. STREET ADDRESS (If outside, give location) <u>Home</u>
3. NAME OF DECEASED (Type or print) First <u>Katherine</u> Middle <u>L.</u> Last <u>Ritchey</u>			4. DATE OF DEATH Month <u>Oct.</u> Day <u>14</u> , Year <u>1958</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> / DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Mar. 10, 1899</u>
9. AGE (In years last birthday) <u>57</u>		IF UNDER 1 YEAR Months <u>0</u> Days <u>0</u>	IF UNDER 24 HRS. Hours <u>0</u> Min. <u>0</u>
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>Home</u>	11. BIRTHPLACE (City and state or country) <u>Rolla, Missouri</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>John Koller</u>	
13b. MOTHER'S MAIDEN NAME <u>Mary Jane Helm</u>		14. NAME OF HUSBAND OR WIFE <u>Steve Ritchey</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, <u>no</u> or unknown) (If yes, give year or dates of service)		16. SOCIAL SECURITY NO. <u>name</u>	17. INFORMANT <u>Steve Ritchey, Birch Tree, Missouri</u>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Arteriosclerotic heart disease</u>			INTERVAL BETWEEN ONSET AND DEATH <u>1 year</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) _____			<u>4200</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Cerebral thrombosis</u>			19. WAS AUTOPSY PERFORMED? <u>2</u> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION <u>Birch Tree</u> COUNTY _____ STATE _____	
21. I attended the deceased from <u>9-12-58</u> to <u>10-12-58</u> and last saw her alive on <u>10-13-58</u> Death occurred at <u>3:30 a.m.</u> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>H.R. Jeffrey</u> (Degree or title) <u>M.D.</u>		22b. ADDRESS <u>Mo. via 1 mo</u>	22c. DATE SIGNED <u>10-17-58</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	23b. DATE <u>10/16/58</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Corinth Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Birch Tree, Missouri</u>
24. FUNERAL DIRECTOR <u>Duncan Funeral Home Mt. View, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>Oct 27, 1958</u>	26. REGISTRAR'S SIGNATURE <u>Model Rice</u>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 *Richard A. Norton*

Licensed Embalmer No. *3029*

P. O. Address *Mtn View, Va*

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.