

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-011879

STATE FILE NUMBER

APR 6 1959 Registration District No. 317 Primary Registration District No. 500 Registrar's No. 506

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) Manchester		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN ST. LOUIS Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Pine Crest Home		Length of stay in lb 2 1/2 mos.	d. STREET ADDRESS (If outside, give location) 520 Chestnut Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) Myrtle	First Myrtle	Middle RITCHER	Last (Richter)	4. DATE OF DEATH Month Feb. Day 19, Year 1959
--	------------------------	--------------------------	--------------------------	---

5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 4/24/88	9. AGE (In years by birthday) 70	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) Retired	10b. KIND OF BUSINESS OR INDUSTRY musician	11. BIRTHPLACE (City and state or country) Ashland, Kansas	12. CITIZEN OF WHAT COUNTRY? US
---	--	--	---

13a. FATHER'S NAME John Pruitt Unknown	13b. MOTHER'S MAIDEN NAME Elizabeth Witt Unknown	14. NAME OF HUSBAND OR WIFE unk
--	--	---

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. 572-01-6935	17. INFORMANT Pine Crest Nursing Home, Manchester, Mo. Address
---	---	---

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute Myocardial Insufficiency		INTERVAL BETWEEN ONSET AND DEATH 1 day Don & Know Don & Know
DUE TO (b) Mitral Stenosis		
DUE TO (c) Arteriosclerosis		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Decubitus Ulcers		19. WAS AUTOPSY PERFORMED? 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.) 4210
20c. TIME OF INJURY Hour Month, Day, Year p.m.	

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 COUNTY STATE
--	--	--

21. I attended the deceased from **Dec. 10, '58** to **Feb. 7th, 1959** and last saw **him** alive on **Feb 7th, 1959**
Death occurred at **6:15 P** m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Ralph W. Zaffey, M.D.	22b. ADDRESS Box 122, Manchester	22c. DATE SIGNED 2-20-59
--	--	------------------------------------

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 2/23/59	23c. NAME OF CEMETERY OR CREMATORY Bethel Cemetery	23d. LOCATION (City, town, or county) (State) Pond mo (STL MO)
--	-----------------------------	--	--

24. FUNERAL DIRECTOR Louis H Bopp Inc	ADDRESS 1111 N. Kirkwood, Mo	25. DATE RECD. BY LOCAL REG. 2-21-59	26. REGISTRAR'S SIGNATURE John C. Murphy, M.D.
---	--	--	--

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 *Francis J. [Signature]*
Licensed Embalmer No. *4572*
P. O. Address *[Signature]*

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.