

DEATH CERTIFICATE OF DEATH

75-035691

FILED VS NOV 9 1959

STATE FILE NUMBER

Registration District No. 101 Primary Registration District No. Registrar's No. 58

UNDECEASED

1. PLACE OF DEATH a. COUNTY Douglas			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Douglas					
b. CITY (If outside corporate limits, give TOWNSHIP only) Benton		Length of stay in 1b 1 night	c. CITY OR TOWN Ava		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION			Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>				
3. NAME OF DECEASED (Type or print) First Dewey Middle Last Ritter			4. DATE OF DEATH Month October Day 27 Year 1959					
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 9-22-36	9. AGE (last birthday) 23 IF UNDER 1 YEAR: Months Days IF UNDER 24 HR: Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Just discharged from Air Force		10b. KIND OF BUSINESS OR INDUSTRY Air Force	11. BIRTHPLACE (City and state or country) Hammond, Mo.		12. CITIZEN OF WHAT COUNTRY USA			
13a. FATHER'S NAME Orville Ritter		13b. MOTHER'S MAIDEN NAME Sarah E. Seals		14. NAME OF HUSBAND OR WIFE Virginia Ritter				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) Yes Air Force		16. SOCIAL SECURITY NO. 495-40-6386	17. INFORMANT Address Norman Ritter, Springfield, Mo.					
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) BURNED in FIRE DUE TO (b) CONFLAGRATION OF HOME DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.					INTERVAL BETWEEN ONSET AND DEATH 1 inst			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)					PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" 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.) Burned in building					
20c. TIME OF INJURY A. M. Hour 10 a.m. Month, Day, Year 10-27-59 p.m.	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> Farm		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Farm		20f. CITY, TOWN, OR LOCATION Ava		COUNTY Douglas STATE Missouri	
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at Oct. 27, 1959 2:30A m on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE M. C. Bentley (Degree or title) M.D.			22b. ADDRESS Ava MO			22c. DATE SIGNED 10-27-59		
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 11-1-59	23c. NAME OF CEMETERY OR CREMATORY Ava		23d. LOCATION (City, town, or county) (State) Ava, Missouri				
24. FUNERAL DIRECTOR Clinkingbeard Funeral Home, Ava, Mo. ADDRESS			25. DATE RECD. BY LOCAL REG. Nov 2-59	26. REGISTRAR'S SIGNATURE Uestel Bushman				

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

APR 5 1960

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 Lyle G. Glinkingbeard

Licensed Embalmer No. 4830

P. O. Address Owa, 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.