

Registration District No. 157 Primary Registration District No. 3028 Registrar's No. 36

1. PLACE OF DEATH a. COUNTY <b>Jasper</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>Jasper</b>											
b. CITY (If outside corporate limits, give TOWNSHIP only) <b>Carthage</b>		Length of stay in 1b <b>hours</b>		c. CITY OR TOWN <b>Reeds</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>									
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>dead on arrival McCune-Brooks hospital</b>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <b>---</b>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>								
3. NAME OF DECEASED (Type or print) First <b>CLARENCE</b> Middle <b>LOYD</b> Last <b>RITCHIE</b>				4. DATE OF DEATH Month <b>Feb</b> Day <b>15</b> Year <b>1960</b>											
5. SEX <b>male</b>		6. COLOR OR RACE <b>white</b>		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <b>4-6-1916</b>		9. AGE (last birthday) <b>43</b>		IF UNDER 24 HR Months Days Hours Min.					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>quarryman</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>lime quarry</b>		11. BIRTHPLACE (City and state or country) <b>Jasper Co., Mo</b>		12. CITIZEN OF WHAT COUNTRY <b>USA</b>								
13a. FATHER'S NAME <b>James Frank Ritchie</b>				13b. MOTHER'S MAIDEN NAME <b>Bessie Sanders</b>				14. NAME OF HUSBAND OR WIFE <b>Lucy Beam Ritchie</b>							
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>yes WW II</b>				16. SOCIAL SECURITY NO. <b>500-05-7316</b>		17. INFORMANT <b>Lucy Ritchie, Reeds, Mo</b> 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) <i>Injuries multiple ex tunc</i> DUE TO (b) <i>Shoes pasture fence</i> DUE TO (c) <i>Injuries multiple both lower extremities</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.								INTERVAL BETWEEN ONSET AND DEATH <i>Instantaneous</i>							
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.) <b>headog collision of 2 autos</b>											
20c. TIME OF INJURY Hour <b>11:15</b> * p.m. <b>XX</b>		Month, Day, Year <b>2-15-60</b>		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>highway 66</b>		20f. CITY, TOWN, OR LOCATION <b>1 mi. East of Carthage</b>		COUNTY <b>Jasper</b> STATE <b>Mo</b>					
21. I attended the deceased from <b>did not attend</b> and last saw <sup>her</sup> him alive on <b>11:30 p.m.</b> on the date stated above, and to the best of my knowledge, from the causes stated. Death occurred at <b>11:30 p.m.</b>								22a. SIGNATURE <i>W. H. Hurdst</i> (Degree of title) <b>coroner</b>				22b. ADDRESS <b>Joplin, Mo</b>		22c. DATE SIGNED <b>2-16-60</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>		23b. DATE <b>2-18-60</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Langston Cemetery</b>		23d. LOCATION (City, town, or county) (State) <b>Jasper County, Mo</b>									
24. FUNERAL DIRECTOR <b>Knell Mortuary, Carthage, Mo</b> ADDRESS				25. DATE RECD. BY LOCAL REG. <b>2-17-60</b>		26. REGISTRAR'S SIGNATURE <i>W. H. Hurdst</i>									

DOCUMENT

W.W. HURDST MEDICAL CERTIFICATION

BY AFFIDAVIT OF

NS FEB 2 1961

Recorded  
I will not have  
I will not have

DATE OF DEATH  
SEX  
AGE

PLACE OF DEATH  
CAUSE OF DEATH  
MANNER OF DEATH

STATEMENT BY LICENSED EMBALMER

0961

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 Frank W. Hill

Licensed Embalmer No. 4440

P. O. Address Carthage, 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.