

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-011304

Registration District No. 149 Primary Registration District No. 1202 Registrar's No. 1534 STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

FILED APR 2 1962

1. PLACE OF DEATH
 a. COUNTY **Jackson**
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN **Kansas City** Length of stay in lb **37 years**
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION **General Hospital** Inside Limits Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
 a. STATE **Missouri** b. COUNTY **Jackson**
 c. CITY OR TOWN **Kansas City** Inside Limits Yes No
 d. STREET ADDRESS (If outside, give location) **1029 E. 12th St.** Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First Middle Last
DAVID LLOYD RITCHIE

4. DATE OF DEATH Month Day Year
March 12 1962

5. SEX **Male** 6. COLOR OR RACE **Negro** 7. Married Never Married Widowed Divorced
 8. DATE OF BIRTH **6/7/1925** 9. AGE (last birthday) **36** 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) **Laundry Worker** 10b. KIND OF BUSINESS OR INDUSTRY
 11. BIRTHPLACE (City and state or country) **Kansas City, Mo.** 12. CITIZEN OF WHAT COUNTRY **U.S.A.**

13a. FATHER'S NAME **Oscar Ritchie** 13b. MOTHER'S MAIDEN NAME **Millie N. Howard** 14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) **Yes WWI** 16. SOCIAL SECURITY NO. [Redacted] 17. INFORMANT Address **Miles E. Ritchie - 2709 1/2 E. 18th St.**

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:
 IMMEDIATE CAUSE (a) **Shock**
 DUE TO (b) **Subarachnoid Hemorrhage Fracture Frontal Bone**
 DUE TO (c) _____
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

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. Yes No Unknown

19. WAS AUTOPSY PERFORMED? YES NO 20a. ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) **Fall or jump from 3rd Floor**

20c. TIME OF INJURY Hour a.m. **7:15** Month, Day, Year **3/12/62**

20d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) **1202 Troost** 20f. CITY, TOWN, OR LOCATION **Kansas City, Jackson, Mo** COUNTY STATE

21. I attended the deceased from _____ to _____ and last saw him/her alive on _____ Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE **[Signature]** 22b. ADDRESS **6618 Lydia Ave** 22c. DATE SIGNED **3/12/62**

23a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 23b. DATE **3/17/1962** 23c. NAME OF CEMETERY OR CREMATOR **Bonner Springs Cem.** 23d. LOCATION (City, town, or county) (State) **Bonner Springs, Kansas**

24. FUNERAL DIRECTOR **E. Sterling Bills** ADDRESS **1212 Vine St.** 25. DATE RECD. BY LOCAL REG. **3-16-62** 26. REGISTRAR'S SIGNATURE **Ruth Long**

VS 300 Rev. 4/59

1
2 **3148**
3
4 **2**
5 **3**
6
7 **0**
8 **1**
9 **978X**
10
11 **1257-3**
13

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

INSTEAD OF **3-16-62**
Bonner Springs Cem.
Lincoln

BY AFFIDAVIT OF **Personal Director** DOCUMENT

MEDICAL CERTIFICATION

WILLIAM

USE BLACK INK OR TYPEWRITER RIBBON

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 E. Sterling Biles

Licensed Embalmer No. 3178

P. O. Address 1212 Vine St., Kansas City, 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.