

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-033919

STATE FILE NUMBER

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 43 Primary Registration District No. 3007 Registrar's No. 1015

DO NOT WRITE ON THIS STUB

AMENDED

FILED OCT 2 1962

VS 300 Rev. 4/59

10/29

2/10/30

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11/03

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131-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY Butler		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Stoddard	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Poplar Bluff		Length of stay in 1b 3 hrs.	c. CITY OR TOWN Essex Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Doctors Hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Rfd. 1 Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) James Troy Ritchie			4. DATE OF DEATH Month Sept. Day 20 Year 1962
5. SEX male	6. COLOR OR RACE white	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 1-12-47
9. AGE (last birthday) 15		IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Student		10b. KIND OF BUSINESS OR INDUSTRY Student	11. BIRTHPLACE (City and state or country) Sikeston, Mo.
12. CITIZEN OF WHAT COUNTRY U.S.A.		13. FATHER'S NAME James I. Ritchie	
14. MOTHER'S MAIDEN NAME Sylvia Ritchie		15. NAME OF HUSBAND OR WIFE single	
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no X X X X X X X X		17. SOCIAL SECURITY NO.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Generalized Trauma		19. INFORMANT James Ritchie Address Essex, Mo. R. 1	
DUE TO (b) Auto Accident		INTERVAL BETWEEN ONSET AND DEATH Approx 2 hrs	
DUE TO (c)		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		20. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Auto Accident	
21. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	22. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	23. TIME OF INJURY Hour 9 a.m. Month, Day, Year 9-20-62	
24. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	25. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Highway	26. CITY, TOWN, OR LOCATION Near Essex	COUNTY Stoddard STATE Mo.
27. I attended the deceased from 9/20/62 to 9/20/62 and last saw ^{her} him alive on 9/20/62		28. Death occurred at 11 pm on the date stated above, and to the best of my knowledge, from the causes stated.	
29. SIGNATURE C. E. Kipley MD (Degree or title)		30. ADDRESS Poplar Bluff Mo	31. DATE SIGNED 9/26/62
32. BURIAL, CREMATION, REMOVAL (Specify) burial	33. DATE 9-23-62	34. NAME OF CEMETERY OR CREMATORY Essex Cemetery	35. LOCATION (City, town, or County) (State) Essex, Mo.
36. FUNERAL DIRECTOR Watkins & Sons ADDRESS Dexter, Mo.		37. DATE RECD. BY LOCAL REG. 9-27-1962	38. REGISTRAR'S SIGNATURE Hulma Graham

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 Mark Watkins

Licensed Embalmer No. 4717

P. O. Address Dexter 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.