

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-046470

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 111 Primary Registration District No. 5226 Registrar's No. 116

FILED DEC 28 1962

VS 300
Rev. 4/59

1 0360

2 8210

3 2

4 0

5 1

6

7 1

8 0

9 4201

10

11

12 91-8

13 1-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

1-31-63

Oct. 28, 1903 + 59

Oct. 31, 1893 + 69

BY AFFIDAVIT OF Informant

DOCUMENT to be built record

1. PLACE OF DEATH a. COUNTY <u>Franklin</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Michigan</u> b. COUNTY <u>MountCalm</u>		
b. CITY (If outside corporate limits, give TOWNSHIP, only) OR TOWN <u>Gray Summit</u>		Length of stay in 1b	c. CITY OR TOWN <u>Stanton</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Garden Way Motel</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>326 W. Pine</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>Clare</u> Middle <u>-</u> Last <u>Ritter</u>			4. DATE OF DEATH Month <u>Nov</u> Day <u>26</u> Year <u>1962</u>		
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>Oct. 31, 1893</u>	9. AGE (last birthday) <u>59</u> <u>69</u>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Self employed</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Tractor Sales</u>	11. BIRTHPLACE (City and state or country) <u>Salem Center Ind.</u>		12. CITIZEN OF WHAT COUNTRY
13a. FATHER'S NAME <u>Dra Ritter</u>		13b. MOTHER'S MAIDEN NAME <u>Viola Rhodes</u>		14. NAME OF HUSBAND OR WIFE <u>Ella Ritter</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>			16. SOCIAL SECURITY NO. <u>[Redacted]</u>	17. INFORMANT <u>Mrs. Ella Ritter Stanton, Mich</u> Address <u>326 W. Pine</u>	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY:					INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) <u>Coronary</u>					
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.					
DUE TO (b)					
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	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input 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.)			
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____	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 _____ to _____ and last saw her/him alive on _____ Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <u>Mary B. Gross L.R.</u>			22b. ADDRESS <u>Pacific Mo.</u>		22c. DATE SIGNED <u>11/29/62</u>
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <u>Nov 29, 1962</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Forest Hill</u>	23d. LOCATION (City, town, or county) <u>Stanton</u>		" (State) <u>Mich</u>
24. FUNERAL DIRECTOR <u>Mrs. John L. Shuber</u>		ADDRESS <u>Pacific Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>11/29/62</u>	26. REGISTRAR'S SIGNATURE <u>Mary B. Gross</u>	

USE BLACK INK OR TYPEWRITER RIBBON

DEC 28 1962

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 Ralph Altman

Licensed Embalmer No. 4808

P. O. Address Union 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.

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