

FILED SEP 6 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 26184

BIRTH NO.		REG. DIST. NO. 42	PRIMARY REG. DIST. NO. 1000	Registrar's No. 942
1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Buchanan		
b. CITY (If outside corporate limits, write RURAL and give town or township) St. Joseph		c. LENGTH OF STAY (in this place) 60 yrs.		c. CITY (If outside corporate limits, write RURAL and give township) St. Joseph
d. FULL NAME OF HOSPITAL OR INSTITUTION 208 West Iowa Avenue		d. STREET ADDRESS (If rural, give location) 208 West Iowa Avenue		
3. NAME OF DECEASED (Type or Print)		a. (First) Squire	b. (Middle) Ellis	c. (Last) Ritchey
4. DATE OF DEATH		8 25 1949		(Month) (Day) (Year)
5. SEX Male	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, Married	8. DATE OF BIRTH 4 2 1869	9. AGE (In years last birthday) 80
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming		10b. KIND OF BUSINESS OR INDUSTRY Farming	11. BIRTHPLACE (State or foreign country) Buchanan County, Mo.	12. CITIZEN OF WHAT COUNTRY? U. S. A.
13a. FATHER'S NAME Lou Ritchey		13b. MOTHER'S MAIDEN NAME Not Known	14. NAME OF HUSBAND OR WIFE Mrs. Belle Ritchey	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Belle Ritchey 208 W. Iowa Ave.	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Arteriosclerosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Paraplegia DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH long. long. 334X
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from March 19 1949, to August 25 1949, that I last saw the deceased alive on Aug 25, 1949, and that death occurred at 12:19A ^m , from the causes and on the date stated above.				
23a. SIGNATURE M. Rubin M.D.		(Degree or title) U	23b. ADDRESS 228 ILLINOIS Ave, St Joseph, Mo.	23c. DATE SIGNED 8/26/49
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 8-27-1949	24c. NAME OF CEMETERY OR CREMATORY Mount Mora Cemetery	24d. LOCATION (City, town, or county) St. Joseph, Mo.	(State)
DATE REC'D BY LOCAL REG. Aug 29, 1949	REGISTRAR'S SIGNATURE E. C. Jenkins	382	25. FUNERAL DIRECTOR'S SIGNATURE Wm. H. Alexander	ADDRESS St. Joseph, Mo.

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.

Signed.....

Wm H Alexander

Signed.....

Student Embalmer

Licensed Embalmer No. *4450*

P. O. Address

St Joseph

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 this body is not embalmed, fact should be so stated above.