

FILED MAY 8 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 12328

BIRTH NO. _____ REG. DIST. NO. 71 PRIMARY REG. DIST. NO. 3012 Registrar's No. 49

1. PLACE OF DEATH a. COUNTY <i>Clay</i>		2. USUAL RESIDENCE (When deceased lived. If institution: residence before admission). a. STATE <i>Missouri</i> b. COUNTY <i>Clay</i>	
b. CITY (If outside corporate limits, write RURAL and give township) <i>Excelsior Springs Mo</i>		c. CITY (If outside corporate limits, write RURAL and give township) <i>Excelsior Springs Mo</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>620 N. Main</i>		d. STREET ADDRESS (If rural, give location) <i>620 N. Main</i>	

3. NAME OF DECEASED (Type or Print)	a. (First) <i>EDNA</i>	b. (Middle) <i>MAE</i>	c. (Last) <i>RITCHIE</i>	4. DATE OF DEATH (Month) (Day) (Year) <i>April 5, 1950</i>
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5. SEX <i>Female</i>	6. COLOR OR RACE <i>Negro</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify) <i>Married</i>	8. DATE OF BIRTH <i>July 7, 1892</i>	9. AGE (In years last birthday) <i>57</i>	IF UNDER 1 YEAR Months <i>8</i> Days <i>28</i>	IF UNDER 2 HRS. Hours <i></i> Min. <i></i>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>At home</i>	10b. KIND OF BUSINESS OR INDUSTRY <i>Housekeeping</i>	11. BIRTHPLACE (State or foreign country) <i>Missouri</i>	12. CITIZEN OF WHAT COUNTRY? <i>USA</i>
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13a. FATHER'S NAME <i>Robert Warnick</i>	13b. MOTHER'S MAIDEN NAME <i>Minnie Gilmore</i>	14. NAME OF HUSBAND OR WIFE <i>Penis Ritchie</i>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <i>No</i>	16. SOCIAL SECURITY NO. <i>unk</i>	17. INFORMANT'S SIGNATURE OR NAME <i>Raymond Hall, Excelsior Springs Mo</i>	ADDRESS <i>Excelsior Springs Mo</i>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <i>Coronary Thrombosis</i>		INTERVAL BETWEEN ONSET AND DEATH <i>1 yr</i> <i>years</i> <i>3 years</i> <i>4 1/2</i>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Aterio-Sclerosis</i> DUE TO (c) <i>Cardio-Vascular Disease</i>		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <i>Fibroid (uterine)</i>		

19a. DATE OF OPERATION <i>None</i>	19b. MAJOR FINDINGS OF OPERATION <i>None</i>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <i>no</i>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from *7/6* 19*46*, to *4/5*, 1950 that I last saw the deceased alive on *4/5*, 1950, and that death occurred at *LA* m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <i>H. O. Orhom M.D.</i>	23b. ADDRESS <i>Excelsior Springs Mo</i>	23c. DATE SIGNED <i>4/5/50</i>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24b. DATE <i>4/17/50</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Sunset Hill</i>	24d. LOCATION (City, town, or county) (State) <i>Warrensburg Mo.</i>
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DATE REC'D BY LOCAL REG. <i>4/5/50</i>	REGISTRAR'S SIGNATURE <i>Caroline Hutchings</i>	63	25. FUNERAL DIRECTOR'S SIGNATURE <i>Claude Trichard, Exc. Springs Mo.</i>	ADDRESS
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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RECEIVED MAY 8
District Health Officer No. 8,
District File Number _____
Date Filed 5/4/52

MS
MAR 8 1952

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
Student Embalmer

Signed Lucille K. Jarnan

Licensed Embalmer No. 4589

P. O. Address Euclid Springs

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.