

FILED APR 28 1950

STANDARD CERTIFICATE OF DEATH

12686

State File No.

BIRTH NO.		REG. DIST. NO. <u>128</u>		PRIMARY REG. DIST. NO. <u>5463</u>		Registrar's No. <u>357</u>	
1. PLACE OF DEATH a. COUNTY <u>GREENE</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>GREENE</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>STRAFFORD JACKSON Twp</u>		c. LENGTH OF STAY (in this place) <u>OR TOWN</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>STRAFFORD JACKSON Twp</u>		OR TOWN	
d. FULL NAME OF (If not hospital or institution give street address or location) <u>STRAFFORD (at home)</u>				d. STREET ADDRESS (If rural, give location) <u>STRAFFORD 0390</u>			
3. NAME OF DECEASED (Type or Print) <u>JOHN</u>		a. (First)		b. (Middle) <u>WILLIAM</u>		c. (Last) <u>RITTERBACH</u>	
4. DATE OF DEATH		(Month) <u>APR.</u>		(Day) <u>14</u>		(Year) <u>1950</u>	
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>SINGLE</u>		8. DATE OF BIRTH <u>APRIL 10, 1880</u>		9. AGE (In years last birthday) <u>70</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>FARMING</u>		11. BIRTHPLACE (State or foreign country) <u>MISSOURI</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>CONRAD RITTERBACH</u>			13b. MOTHER'S MAIDEN NAME <u>LAYNDA C. DAVIS</u>			14. NAME OF HUSBAND OR WIFE <u>✓</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>No</u>		17. INFORMANT'S SIGNATURE OR NAME <u>FRED LOVE</u>		ADDRESS <u>SPEED. MO.</u>	
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Broken neck +</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Head Injuries</u> 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 <u>15 min</u> <u>6:35 p</u> <u>3:30</u>	
19a. DATE OF OPERATION <u>home</u>		19b. MAJOR FINDINGS OF OPERATION <u>039</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>about home</u>		21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) <u>STRAFFORD GREENE MO.</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Apr 14-50 5 p.m.</u>		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Fell off truck in Barn yard</u>			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased <u>DEAD</u> <u>class on 4-14</u> , 19 <u>50</u> , and that death occurred at <u>5:15 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Randolph Lee Coroner</u>				23b. ADDRESS <u>Springfield, Mo.</u>		23c. DATE SIGNED <u>4-15-50</u>	
24a. BURIAL, CREMATION REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>17 APRIL 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>GREENLAWN CEME.</u>		24d. LOCATION (City, town, or county) (State) <u>SPRINGFIELD MO.</u>	
DATE REC'D BY LOCAL REG. <u>4-27-50</u>		REGISTRAR'S SIGNATURE <u>W.E. Sandley</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>J.W. Klingner & Co.</u>		ADDRESS <u>Spfld. Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

1951 113510

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

Walter E. Hamels

Licensed Embalmer No. *3808*

P. O. Address *Springfield 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 this body is not embalmed, fact should be so stated above.