

BIRTH NO. REG. DIST. NO. 104 PRIMARY REG. DIST. NO. 4176 Registrar's No. 22

351

1. PLACE OF DEATH a. COUNTY <b>Dunklin</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Dunklin</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Malden, Mo.</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Malden</b>	
c. LENGTH OF STAY (In this place) <b>25 Yrs</b>		d. STREET ADDRESS (If rural, give location) <b>105 Chester</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>105 Chester St.</b>			

3. NAME OF DECEASED (Type or Print)	a. (First) <b>Ben</b>	b. (Middle) <b>Harrison</b>	c. (Last) <b>Ritcheson</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>August 2 1950</b>
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>May 16, 1888</b>	9. AGE (In years last birthday) <b>62</b>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Sexton Cemetery</b>	11. BIRTHPLACE (State or foreign country) <b>Illinois</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>Unknown</b>	13b. MOTHER'S MAIDEN NAME <b>Unknown</b>	14. NAME OF HUSBAND OR WIFE <b>Ruth Ritcheson</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Clyde Ritcheson</b>	ADDRESS <b>Malden, Mo.</b>
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary arteriosclerosis</b>		INTERVAL BETWEEN ONSET AND DEATH <b>2 years</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) rise to the above cause (a) stating the underlying cause last.		
	DUE TO (c)		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<b>4201</b>

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from **May 4, 1950**, to **July 11, 1950**, that I last saw the deceased alive on **July 11, 1950**, and that death occurred at **6:00 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>Emile RND</b>	(Degree or title)	23b. ADDRESS <b>Malden, Mo</b>	23c. DATE SIGNED <b>8/5/50</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>Aug 4, 1950</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Malden Memorial P.</b>	24d. LOCATION (City, town, or county) (State) <b>Malden, Mo.</b>
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DATE REC'D BY LOCAL REG. <b>Aug 11, 1950</b>	REGISTRAR'S SIGNATURE <b>J. B. Schauer</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Way Funeral Home Malden, Mo</b>	ADDRESS
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED DUNKLIN COUNTY HEALTH

DEPARTMENT ..... 8-14-50 .....

COUNTY FILE NUMBER 850-242

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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 *J. J. Schuman* .....

Licensed Embalmer No. *4086* .....

P. O. Address *Malden, 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.