

FILED NOV 8 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **33342**

0470
1

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

BIRTH NO. _____		REG. DIST. NO. 137		PRIMARY REG. DIST. NO. 4215		Registrar's No. 6	
1. PLACE OF DEATH a. COUNTY Henry				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Henry			
b. CITY (If outside corporate limits, write RURAL and give township) Brownington Mo		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) Brownington Mo		d. STREET ADDRESS (If rural, give location) 0470	
d. FULL NAME OF HOSPITAL OR INSTITUTION at home				d. STREET ADDRESS (If rural, give location) 0470			
3. NAME OF DECEASED (Type or Print) a. (First) George		b. (Middle) Amiel		c. (Last) Ritter		4. DATE OF DEATH (Month) (Day) (Year) Oct 26-50	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Jan 4-1898	
9. AGE (In years last birthday) 52		IF UNDER 1 YEAR Months 9 Days 22		IF UNDER 1 HR. Hours 22 Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Maintenance Man		10b. KIND OF BUSINESS OR INDUSTRY Tile factory		11. BIRTHPLACE (State or foreign country) Brownington Mo		12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME George A. Ritter		13b. MOTHER'S MAIDEN NAME Mary Alice Walker		14. NAME OF HUSBAND OR WIFE Mabel Ritter			
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. 495-01-4500		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Tom Ritter, Deepwater, Mo			
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) Cowdery thrombosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ 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 1 hour	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) m.		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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 1:20 p.m. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) James Smith M.D.				23b. ADDRESS Clinton, Missouri		23c. DATE SIGNED Oct 27, 1950	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Oct 28-50		24c. NAME OF CEMETERY OR CREMATORY Maplewood Cem.		24d. LOCATION (City, town, or county) (State) Brownington Mo	
DATE REC'D BY LOCAL REG. Oct 28-50		REGISTRAR'S SIGNATURE Florence Adair		422. FUNDAL DIRECTOR'S SIGNATURE Tom Hurst		ADDRESS Deepwater, Mo	

RECEIVED 11-6-57
DISTRICT HEALTH OFFICE No. 3
District File Number _____
Date Filed 11-6-57

NOV 9 1957

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 Pam Hunt

Licensed Embalmer No. 2782

P. O. Address Deepwater 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.