

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36584

FILED NOV 28 1950

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 5 PRIMARY REG. DIST. NO. 5394 Registrar's No. 62

| | | | |
|---|-----------------------------------|---|--|
| 1. PLACE OF DEATH a. COUNTY <u>Douglas</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Douglas</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Ava, B. Boon</u> | c. LENGTH OF STAY (In this place) | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Ava, Rural, Boon</u> <u>0340</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION | | d. STREET ADDRESS (If rural, give location) <u>Route 2</u> | |

| | | | | | | |
|--|-------------------------------|---|---|--|---|--|
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Frieda Rachel</u> b. (Middle) <u>Ritter</u> c. (Last) <u>Ritter</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>10-19-50</u> | | | |
| 5. SEX <u>Female</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u> | 8. DATE OF BIRTH <u>11-8-20</u> | 9. AGE (In years last birthday) <u>29</u> | IF UNDER 1 YEAR Months _____ Days _____ | IF UNDER 24 HRS. Hours _____ Min. _____ |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Invalid</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>for several Yrs</u> | 11. BIRTHPLACE (State or foreign country) <u>Ava, Missouri</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | |

| | | | | | |
|---|--|--|-----------------------------|--|--|
| 13a. FATHER'S NAME <u>Charley Ritter</u> | 13b. MOTHER'S MAIDEN NAME <u>Blanche Ritter</u> | | 14. NAME OF HUSBAND OR WIFE | | |
|---|--|--|-----------------------------|--|--|

| | | | | | |
|---|-------------------------|---|--|--|--|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u> | 16. SOCIAL SECURITY NO. | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Chas Ritter Ava, Missouri</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, asthenia, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic tumor (non-malignant)</u> 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. <u>Older nerve atrophy 12 yrs</u> | | | INTERVAL BETWEEN ONSET AND DEATH |
| 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) m. | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR <u>✓</u> |

22. I hereby certify that I attended the deceased from 9-30, 1944, to 10-19, 1950, that I last saw the deceased alive on 9-15, 1950, and that death occurred at 7:30 A. m., from the causes and on the date stated above.

| | | |
|--|--------------------------------|-------------------------------------|
| 23a. SIGNATURE (Degree or title) <u>Dr. P. E. Hailer M.D.</u> | 23b. ADDRESS <u>Ava Mo.</u> | 23c. DATE SIGNED <u>10-25-50</u> |
|--|--------------------------------|-------------------------------------|

| | | | |
|--|------------------------------|--|---|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>10-21-50</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Ava</u> | 24d. LOCATION (City, town, or county) (State) <u>Ava, Missouri</u> |
|--|------------------------------|--|---|

| | | |
|---|--|---|
| DATE REC'D BY LOCAL REG. <u>Nov. 13-50</u> | REGISTRAR'S SIGNATURE <u>Uestal Bushman</u> | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Clinkingbeard Funeral Home, Ava, Mo.</u> |
|---|--|---|

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

DIVISION OF HEALTH OF MO.

District No. 5 Springfield

RECEIVED NOV 14 1950

Dist. File 1150-2308

Date Filed 11-22-50

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

Charles R. Fish

Licensed Embalmer No. 4662

P. O. Address Avon, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

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