

No. 300  
10-48

FILED JUL 9 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

19904

State File No. \_\_\_\_\_

128

PRIMARY REG. DIST. NO. 2000 Registrar's No. 578

BIRTH NO. _____		REG. DIST. NO. 128		PRIMARY REG. DIST. NO. 2000		Registrar's No. 578	
1. PLACE OF DEATH a. COUNTY <b>GREENE</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Barre</b>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Springfield</b>		c. LENGTH OF STAY (in this place) <b>5 days</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Barre Mo R#2 1150</b>		d. STREET ADDRESS (If rural, give location) <b>Springfield Mo. 1</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Springfield Baptist Hospital</b>							
3. NAME OF DECEASED (Type or Print) a. (First) <b>Albert</b>		b. (Middle) <b>Walter</b>		c. (Last) <b>Rittenhouse</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>July 1, 1951</b>	
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Never Married</b>		8. DATE OF BIRTH <b>Jan 5, 1898</b>	
9. AGE (In years of last birthday) <b>53</b>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Farming</b>		11. BIRTHPLACE (State or foreign country) <b>Chicago, Ill</b>	
12. CITIZEN OF WHAT COUNTRY <b>USA</b>		13a. FATHER'S NAME <b>Albert Rittenhouse</b>		13b. MOTHER'S MAIDEN NAME <b>Etta Trail</b>		14. NAME OF HUSBAND OR WIFE <b>(Single)</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>Yes World War 1917</b>		16. SOCIAL SECURITY NO. <b>Unknown</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Charles Rittenhouse</b>			
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) <b>Embolism Involving Superior Mesenteric, Coronary and</b>				INTERVAL BETWEEN ONSET AND DEATH <b>1 day</b>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Mesenteric, Coronary and</b>				<b>1 day</b>	
		DUE TO (c) <b>Left Branchial arteries</b>				<b>69281</b>	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Traumatic Strangulated Int. Hernia</b>				<b>3</b>	
19a. DATE OF OPERATION <b>6-26-51</b>		19b. MAJOR FINDINGS OF OPERATION <b>Strangulated Left Int. Hernia + Hemorrhage - 105</b>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT (Specify) <b>Suicide</b> <b>Kicked by Horse 6-25-51</b>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Farm</b>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>Barre Mo.</b>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>6 25 51 6P</b>		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>Kicked by Horse</b>			
22. I hereby certify that I attended the deceased from <b>6-26</b> , 19 <b>51</b> , to <b>7-1-51</b> , 19 <b>51</b> , that I last saw the deceased alive on <b>7-1-51</b> , 19 <b>51</b> , and that death occurred at <b>2:30</b> p.m., from the causes and on the date stated above.							
23a. SIGNATURE <b>W. Simpson</b>				23b. ADDRESS <b>M.D. Springfield, Mo</b>		23c. DATE SIGNED <b>7-2-51</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>7-3-51</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Sparks Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Starr City Mo.</b>	
DATE REC'D BY LOCAL REG. <b>7/7/51</b>		REGISTRAR'S SIGNATURE <b>W. Simpson</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Paul D. Bentz</b>		ADDRESS <b>Baswell Mo</b>	

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

396

1952 JUL 20 1952

Walter  
Walter

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 Paul D. Henbest

Licensed Embalmer No. 4576

P. O. Address Cassville, 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.