

FILED AUG 14 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 227992  
Registrar's No. 686

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 5465

1. PLACE OF DEATH  
a. COUNTY **Greene**  
b. CITY (If outside corporate limits, write RURAL and give township) **Rural N. Campbell Twp**  
c. LENGTH OF STAY (In this place) **3 years**  
d. FULL NAME OF HOSPITAL OR INSTITUTION **County Hospital**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
a. STATE **Missouri** b. COUNTY **Greene**  
c. CITY (If outside corporate limits, write RURAL and give township) **Rural N. Campbell Twp.**  
d. STREET ADDRESS (If rural, give location) **Springfield R.F.D. # 4**

3. NAME OF DECEASED (Type or Print) a. (First) **OLIVE** b. (Middle) **ELIZABETH** c. (Last) **RITTER**  
4. DATE OF DEATH (Month) (Day) (Year) **August 4, 1951**

5. SEX **Female** 6. COLOR OR RACE **White** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **never married** 8. DATE OF BIRTH **6 Apr. 1875** 9. AGE (In years last birthday) **76**

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **none** 10b. KIND OF BUSINESS OR INDUSTRY **none** 11. BIRTHPLACE (State or foreign country) **Sarcoxie, Missouri** 12. CITIZEN OF WHAT COUNTRY? **U.S.A.**

13a. FATHER'S NAME **Wilson Berry Ritter** 13b. MOTHER'S MAIDEN NAME **unknown** 14. NAME OF HUSBAND OR WIFE **none**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) **no** 16. SOCIAL SECURITY NO. **none** 17. INFORMANT'S SIGNATURE OR NAME **Grace Tutter** ADDRESS **Rt. 7, Springfield, 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, asthenia, etc. It means the disease, injury, or complication which caused death.  
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) **Myocardial Disease**  
ANTECEDENT CAUSES **Coronary Sclerosis**  
MORIBUND CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.  
DUE TO (b) **Senility**  
DUE TO (c) \_\_\_\_\_  
II. OTHER SIGNIFICANT CONDITIONS **Senility**  
Conditions contributing to the death but not related to the disease or condition causing death.  
19a. DATE OF OPERATION \_\_\_\_\_ 19b. MAJOR FINDINGS OF OPERATION **4201** 20. AUTOPSY? YES  NO

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) \_\_\_\_\_ 21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK  21f. HOW DID INJURY OCCUR? \_\_\_\_\_

22. I hereby certify that I attended the deceased from **June**, 1951, to **Aug 2**, 1951, that I last saw the deceased alive on **July 31**, 1951, and that death occurred at **10:30 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Disease or title) **James R. Amos M.D.** 23b. ADDRESS **Springfield Mo.** 23c. DATE SIGNED **8/6/51**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 24b. DATE **8 Aug 1951** 24c. NAME OF CEMETERY OR CREMATORY **Brookline** 24d. LOCATION (City, town, or county) (State) **Brookline, Missouri.**

DATE REC'D BY LOCAL REG. **8-7-51** REGISTRAR'S SIGNATURE **W. E. Handley MD** 25. FUNERAL DIRECTOR'S SIGNATURE **W. C. Thiem** ADDRESS **Springfield, Mo.**

(Licensed Embalmer's Statement on Reverse Side)

390  
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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 Ralph H. Terem

Licensed Embalmer No. 3681

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.