

No. 300  
10. 48

FILED SEP 15 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

26578

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

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 118 PRIMARY REG. DIST. NO. 5439 Registrar's No. 27

1. PLACE OF DEATH a. COUNTY Gasconade 0370		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Gasconade	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Canaan Twp.		c. LENGTH OF STAY (In this place) 56 yrs.	
d. FULL NAME OF HOSPITAL OR INSTITUTION near Owensville		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Canaan Twp. 0370	
		d. STREET ADDRESS (If rural, give location) near Owensville 0	

3. NAME OF DECEASED (Type or Print) Friedrich Henry Charles Ritterbusch			4. DATE OF DEATH July 22, 1951		
5. SEX male 0		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed 2	
8. DATE OF BIRTH Oct. 30, 1867		9. AGE (In years last birthday) 83		IF UNDER 1 YEAR Months Days	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY own farm		11. BIRTHPLACE (State or foreign country) Germany 4	
12. CITIZEN OF WHAT COUNTRY? U.S.A.					

13a. FATHER'S NAME Karl Ritterbusch		13b. MOTHER'S MAIDEN NAME Fredreka Brandt		14. NAME OF HUSBAND OR WIFE Mary Zinn Ritterbusch	
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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 Mildred Ritterbusch Owensville, Mo.	
(If yes, give war or dates of service) ***				ADDRESS	

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) Acute Myocarditis & auricular fibrillation ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chronic Myocarditis DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Chronic Nephritis				INTERVAL BETWEEN ONSET AND DEATH 4 days	
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
				4222	

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 July, 1949, to July 22, 1951, that I last saw the deceased alive on 7-21, 1951, and that death occurred at 4:30p m., from the causes and on the date stated above.

23a. SIGNATURE Charles A. Schmidt M.D.		23b. ADDRESS Gerald Mo		23c. DATE SIGNED 7-24-51	
(Degree or title)					

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 7-24-1951		24c. NAME OF CEMETERY OR CREMATORY City Cemetery		24d. LOCATION (City, town, or county) Owensville, Mo. (State)	
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DATE REC'D BY LOCAL REG. 8/5/51		REGISTRAR'S SIGNATURE Dorothy Wallace 343		25. FUNERAL DIRECTOR'S SIGNATURE Melford H H Winter		ADDRESS	
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(Licensed Embalmer's Statement on Reverse Side)

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

File No. \_\_\_\_\_  
DISTRICT HEALTH OFFICE No. 4

SEP 6 - 1951

RECEIVED

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 Ma

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed Malford H H Winter

Licensed Embalmer No. 3838

P. O. Address Owensville, 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.