

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **34054**

FILED OCT 26 1951

BIRTH NO. 62180-51 REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 472

#495  
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <b>Jasper</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before) a. STATE <b>Missouri</b> b. COUNTY <b>Jasper</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Joplin</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Joplin</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Johns Hospital</b>		d. STREET ADDRESS (If rural, give location) <b>Rt. #3 Box 122</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>William</b> b. (Middle) <b>Joseph</b> c. (Last) <b>Andrew RITTER</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Oct. 15, 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>Sept. 23, 1951</b>	9. AGE (In years) (Month) (Day) <b>0 0 22</b>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>child</b>
10b. KIND OF BUSINESS OR INDUSTRY <b>Infant</b>			11. BIRTHPLACE (State or foreign country) <b>Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>

13a. FATHER'S NAME <b>Jean Ritter</b>		13b. MOTHER'S MAIDEN NAME <b>Josephine Pippin</b>		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) <b>no</b>		16. SOCIAL SECURITY NO. -----		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Jean Ritter Joplin, Missouri</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Pneumo-Pneumonia</b>		INTERVAL BETWEEN ONSET AND DEATH <b>3 Days</b>	
		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.			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" 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?	

22. I hereby certify that I attended the deceased from 9/23/1951 to 10/15, 1951, that I last saw the deceased alive on 10-2, 1951, and that death occurred at 5 A.M., from the causes and on the date stated above.

23a. SIGNATURE (Name or title) <b>J. Schulte</b>		23b. ADDRESS <b>421 Frisco Bldg, Joplin, Mo</b>		23c. DATE SIGNED <b>10/15/51</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>10-16-51</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Fairview Cemetery</b>	
24d. LOCATION (City, town, or county) (State) <b>Joplin, Missouri</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Thornhill-Dillon Mort. Joplin, Mo</b>			
DATE REC'D BY LOCAL REG. <b>10-16-51</b>		REGISTRAR'S SIGNATURE <b>J. Schulte</b>			

RECEIVED 10-23-51  
Jasper County Health Office

County File Number 51/10/801

Date Filed 10-23-51

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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed

Charles E. Frey

Signed .....  
Student Embalmer

Licensed Embalmer No. 4768

P. O. Address Joplin, 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.