

MAILED JUN 23 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

19521

State File No.

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 635

1. PLACE OF DEATH
a. COUNTY Buchanan
b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN St. Joseph
c. LENGTH OF STAY (In this place) (Type or Print) 2 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 2529 South 15

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri b. COUNTY Buchanan
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph
d. STREET ADDRESS (If rural, give location) 2529 South 15

3. NAME OF DECEASED
a. (First) EDWARD b. (Middle) ANDREW c. (Last) RITCHHEART

4. DATE OF DEATH (Month) (Day) (Year)
June 15 1952

5. SEX Male

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed

8. DATE OF BIRTH July 11, 1884

9. AGE (In years last birthday) 67

IF UNDER 1 YEAR Months Days IF UNDER 48 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. Farmer

10b. KIND OF BUSINESS OR INDUSTRY Own

11. BIRTHPLACE (State or foreign country) Andrew County, Missouri

12. CITIZEN OF WHAT COUNTRY? U S A

13a. FATHER'S NAME Martin Ritchheart

13b. MOTHER'S MAIDEN NAME Jennie Harvey

14. NAME OF HUSBAND OR WIFE Not given

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 ADDRESS
Charles Ritchheart St. Joseph 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, ashenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial degeneration
ANTECEDENT CAUSES Arteriosclerosis
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. Huge infarcted decubitus ulcer

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION 4221

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) m.

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 May 1, 1952, to June, 1952, that I last saw the deceased alive on June 6, 1952 and that death occurred at 9:25 A m., from the causes and on the date stated above.

23a. SIGNATURE (Degree of title) Choir H Biggins MN

23b. ADDRESS 1302 Farson St St Joseph

23c. DATE SIGNED 6-16-52

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal

24b. DATE June 15 1952

24c. NAME OF CEMETERY OR CREMATORY Savannah Cemetery

24d. LOCATION (City, town, or county) (State) Savannah Missouri

DATE REC'D BY LOCAL REG. JUNE 19, 1952

REGISTRAR'S SIGNATURE Carl C. Cantel

25. GENERAL DIRECTOR'S SIGNATURE ADDRESS Blaney Funeral Home St Joseph

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

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

Eric J. Chassey

Licensed Embalmer No.

4679

P. O. Address

St. Joseph, 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.