

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32490

State File No.

No. 300
10-48

RECEIVED OCT 6 1952

BIRTH NO. _____ REG. DIST. NO. 274 PRIMARY REG. DIST. NO. 3052 Registrar's No. 302

1. PLACE OF DEATH a. COUNTY <u>Pettis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Pettis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Sedalia</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Sedalia</u> <u>08001</u>	
c. LENGTH OF STAY (in this place) <u>4 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>715 E. 9th</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>715 E. 9th</u>			

3. NAME OF DECEASED (Type or Print) <u>MARVIN Ritchie</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Sept 26 1952</u>		
a. (First)		b. (Middle)		c. (Last)	

5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Aug 12 - 1888</u>	9. AGE (In years last birthday) <u>64</u>	10 UNDER 1 YEAR Months <u>1</u> Days <u>14</u>	10 OVER 1 YEAR Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Grocery Salesman</u>			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTH PLACE (State or foreign country) <u>Boonville Mo</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>						

13a. FATHER'S NAME <u>Jacob Ritchie</u>		13b. MOTHER'S MAIDEN NAME <u>Fannie Cartner</u>		14. NAME OF HUSBAND OR WIFE <u>Pearl Ritchie</u>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <u>489-12-0219</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Pearl Ritchie</u>		ADDRESS <u>Sedalia</u>
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hemorrhage of lungs.</u>			INTERVAL BETWEEN ONSET AND DEATH <u>5 yrs.</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Pulmonary Tuberculosis</u>			
	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? <u>002X</u> YES <input type="checkbox"/> NO <input type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)	21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 1941, 1952, Sept. 25, 1952, that I last saw the deceased alive on Sept 25, 1952, and that death occurred at 2:10 p. m., from the causes and on the date stated above.

23a. SIGNATURE <u>H. L. Kildner</u> <u>2</u> (Degree or title)	23b. ADDRESS <u>1116 W 3rd Sedalia Mo</u>	23c. DATE SIGNED <u>9/26/52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Sept 29 - 52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Crown Hill</u>	24d. LOCATION (City, town, or county) (State) <u>Sedalia Mo</u>
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DATE REC'D BY LOCAL REG. <u>9-29-52</u>	REGISTRAR'S SIGNATURE <u>H. L. Kildner</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Mc Laughlin Bros</u>	ADDRESS <u>Sedalia</u>
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251-0 (Licensed Embalmer's Statement on Reverse Side)

WRITE - PLAINLY - USING UNFAADING 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 K.P.M. Crar

Licensed Embalmer No. 2152

P. O. Address Sidalia, 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.