

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

2031

State File No.

ED JAN 29 1953

BIRTH NO. _____ REG. DIST. NO. 172 PRIMARY REG. DIST. NO. 3034 Registrar's No. 6

541
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>LAFAYETTE</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>LAFAYETTE</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>HIGGINSVILLE</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>HIGGINSVILLE</u>	
c. LENGTH OF STAY (In this place) <u>1</u> YR.		d. STREET ADDRESS (If rural, give location) <u>1702 WALNUT</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) <u>MARY</u> b. (Middle) <u>MEYER</u> c. (Last) <u>RITTER</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>1</u> <u>7</u> <u>53</u>		
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5. SEX <u>F</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>Nov. 9, 1871</u>		9. AGE (In years last birthday) <u>81</u>		10. UNDER 1 YEAR <u>1</u> MONTHS		11. UNDER 2 HRS. <u>28</u> HOURS	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>				10b. KIND OF BUSINESS OR INDUSTRY				11. BIRTHPLACE (City and State or Foreign Country) <u>HERMAN, MISSOURI</u>				12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			
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13a. FATHER'S NAME <u>CHRIST MEYER</u>				13b. MOTHER'S MAIDEN NAME <u>MINA FEDEWALD</u>				14. NAME OF HUSBAND OR WIFE <u>MARTIN S. RITTER</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) <u>NO</u>				16. SOCIAL SECURITY NO.				17. INFORMANT'S SIGNATURE OR NAME <u>MARTIN S. RITTER</u>				ADDRESS <u>HIGGINSVILLE MO.</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.												MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u> INTERVAL BETWEEN ONSET AND DEATH <u>90 hrs</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>Arteriosclerotic Heart disease</u> 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.											
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19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION <u>4200</u>								20. AUTOPSY? 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) (Min)				21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> 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 Dec. 1951, to Jan 7, 1953, that I last saw the deceased alive on Jan 7, 1953, and that death occurred at 4:30 P. m. from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>M. Koppensbrink M.D.</u>				23b. ADDRESS <u>Higginville Mo.</u>				23c. DATE SIGNED <u>Jan 20 53</u>			
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>1-9-53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>CITY</u>		24d. LOCATION (City, town, or county) (State) <u>HIGGINSVILLE MISSOURI.</u>	
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DATE REC'D BY LOCAL REG. <u>Jan. 22-1953</u>		REGISTRAR'S SIGNATURE <u>Clayton H. Landrum</u>		154		25. FUNERAL DIRECTOR'S SIGNATURE <u>Forest H. Boyer</u>		ADDRESS <u>HIGGINSVILLE MO.</u>	
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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 Forrest A. Hooper

Licensed Embalmer No. 4358

P. O. Address HIGGINSVILLE, 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.