

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

13541

State File No.

FILED MAY 5 1953

BIRTH NO. _____ REG. DIST. NO. **387** PRIMARY REG. DIST. NO. **4086** Registrar's No. **8**

1. PLACE OF DEATH a. COUNTY Carroll		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Carroll	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Tina,		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Tina	
c. LENGTH OF STAY (in this place) 15 years		d. STREET ADDRESS (If rural, give location) Home of Mary Rittman	
d. FULL NAME OF HOSPITAL OR INSTITUTION Home of Mary Rittman			

3. NAME OF DECEASED (Type or Print) a. (First) ELSIE b. (Middle) XX c. (Last) RITTMAN			4. DATE OF DEATH (Month) (Day) (Year) Apr. 25, 1953		
5. SEX F		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	
8. DATE OF BIRTH Feb. 19, 1915			9. AGE (In years last birthday) 38		10. IF UNDER 1 YEAR (Months) 2
11. BIRTHPLACE (State or foreign country) Chillicothe, Mo.			12. CITIZEN OF WHAT COUNTRY? Usa.		13. IF UNDER 1 YEAR (Days) 6
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housekeeper			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Chillicothe, Mo.
11. BIRTHPLACE (State or foreign country) Chillicothe, Mo.			12. CITIZEN OF WHAT COUNTRY? Usa.		13. IF UNDER 1 YEAR (Days) 6

13a. FATHER'S NAME James Alfred Rittman		13b. MOTHER'S MAIDEN NAME Mary Miller		14. NAME OF HUSBAND OR WIFE none	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs Bertha Ferrell, Tina, Missouri	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*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>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion		INTERVAL BETWEEN ONSET AND DEATH Two minutes	
		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. Arthritis Deformans Sr.		Several yrs.	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) No		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 4201	
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?	

22. I hereby certify that I attended the deceased from **April 17, 1952** to **Apr. 25, 1953**, that I last saw the deceased alive on **Apr. 24, 1953**, and that death occurred at **4:30 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Joseph A. Conrad M.D.		23b. ADDRESS Chillicothe, Mo.		23c. DATE SIGNED Apr. 27-53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Apr. 28, 1953		24c. NAME OF CEMETERY OR CREMATORY Vanhorn	
				24d. LOCATION (City, town, or county) (State) Tina, Missouri	

DATE REC'D BY LOCAL REG. Apr. 28, 1953		REGISTRAR'S SIGNATURE Mrs Rex Henderson		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Clifford W. Austin, Tina, Missouri	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

5170
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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.....

Clifford W Austin

Licensed Embalmer No. 3233

P. O. Address Tina, Missouri

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.