

Dr. Morris  
10-8-53

FILED JAN 12 1954

THE REPUBLIC OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 44927

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 360 PRIMARY REG. DIST. NO. 3076 Registrar's No. 184

|  |  |  |  |
|--|--|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Vernon</b>   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <b>Missouri</b> b. COUNTY <b>Vernon</b> |  |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Nevada</b>   |  | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Nevada, Mo.</b>  |  |
| c. LENGTH OF STAY (In this place) <b>41 yrs</b>  |  | d. STREET ADDRESS (If rural, give location) <b>724 W. Austin St.</b>   |  |
| d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>Nevada City Hospital</b> |  |  |  |

|   |  |  |  |   |  |  |  |
|---|--|--|--|---|--|--|--|
| 3. NAME OF DECEASED (Type or Print)<br>a. (First) <b>Della</b>  |  | b. (Middle) <b>Ritchey</b>                     |  | c. (Last)   |  | 4. DATE OF DEATH (Month) (Day) (Year)<br><b>12-16-53</b>       |  |
| 5. SEX <b>male</b>  |  | 6. COLOR OR RACE <b>white</b>                  |  | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b> |  | 8. DATE OF BIRTH <b>Mar. 23, 1883</b>                          |  |
| 9. AGE (In years last birthday) <b>70</b>   |  | IF UNDER 1 YEAR Months <b>8</b> Days <b>23</b> |  | IF UNDER 12 HRS. Hours <b></b> Min. <b></b>                           |  | 12. CITIZEN OF WHAT COUNTRY? <b>USA</b>                        |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>house wife</b> |  |  |  | 10b. KIND OF BUSINESS OR INDUSTRY <b>own home</b>                     |  | 11. BIRTHPLACE (State or foreign country) <b>Newtonia, Mo.</b> |  |

|   |  |  |  |  |  |
|---|--|--|--|--|--|
| 13. FATHER'S NAME <b>John Clark</b>                             |  | 13b. MOTHER'S MAIDEN NAME <b>Sally Hancock</b> |  | 14. NAME OF HUSBAND OR WIFE <b>Bruce M. Ritchey</b>                            |  |
| 15. U.S. ARMED FORCES? (Give war or dates of service) <b>No</b> |  | 16. SOCIAL SECURITY NO. <b>No</b>              |  | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Bruce M. Ritchey, Nevada, Mo.</b> |  |

|   |  |  |  |  |  |
|---|--|--|--|--|--|
| 18. CAUSE OF DEATH (Specify only one cause per (a), (b), and (c))<br><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> |  | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Septicemic Cardio-vascular Disease</b> |  | INTERVAL BETWEEN ONSET AND DEATH <b>10 years</b>                                 |  |
| ANTECEDENT CAUSES   |  | DUE TO (b) <b>Generalized Arteriosclerosis</b>   |  | <b>?</b>   |  |
| DUE TO (c) <b>Embolus to left Popliteal artery</b>  |  | <b>Cirrhosis</b>   |  | <b>2 weeks</b>   |  |
| II. OTHER SIGNIFICANT CONDITIONS (Conditions contributing to the death but not related to the disease or condition causing death.)  |  |  |  | <b>3 weeks</b>   |  |
| 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)        |  | 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) |  | 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 **10-10, 1953**, to **17-16, 1953**, that I last saw the deceased alive on **12-16, 1953**, and that death occurred at **9:05 A. m.**, from the causes and on the date stated above.

|   |  |                                 |  |                                  |  |
|---|--|---------------------------------|--|----------------------------------|--|
| 23a. SIGNATURE <b>R. C. Morris M.D.</b> (Degree or title) |  | 23b. ADDRESS <b>Nevada, Mo.</b> |  | 23c. DATE SIGNED <b>12-19-53</b> |  |
|---|--|---------------------------------|--|----------------------------------|--|

|   |  |                           |  |  |  |  |  |
|---|--|---------------------------|--|--|--|--|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b> |  | 24b. DATE <b>12/18/53</b> |  | 24c. NAME OF CEMETERY OR CREMATORY <b>Newton Burial Park</b> |  | 24d. LOCATION (City, town, or county) (State) <b>Nevada, Mo.</b> |  |
|---|--|---------------------------|--|--|--|--|--|

|  |  |  |  |   |  |
|--|--|--|--|---|--|
| DATE REC'D BY LOCAL REG. <b>1-4-1954</b> |  | REGISTRAR'S SIGNATURE <b>Arma &amp; Ferris</b> |  | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Eichinger Funeral Home, Nevada, Mo.</b> |  |
|--|--|--|--|---|--|

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK

FEB 16 1955

DEC 18 1957

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 Mark E. Keiger

Licensed Embalmer No. 2656

P. O. Address Nevada 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.