

FILED MAY 28 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **16130**
2124
Registrar's No. _____

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002

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

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Lee's Summit, 1001	
c. LENGTH OF STAY (If this place) 3 WKS		d. STREET ADDRESS (If rural, give location) 510 Miller 1	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Lukes Hospital			

3. NAME OF DECEASED (Type or Print) None	a. (First) _____	b. (Middle) _____	c. (Last) Ritter	4. DATE OF DEATH (Month) (Day) (Year) May 7, 1954
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Oct. 21, 1886	9. AGE (In years last birthday) 67	IF UNDER 1 YEAR Months _____	IF UNDER 24 HRS. Hours _____	IF UNDER 15 MIN. Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (State or foreign country) Lee's Summit, Missouri	12. CITIZEN OF WHAT COUNTRY? U. S. A.
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13a. FATHER'S NAME T. L. Crane	13b. MOTHER'S MAIDEN NAME Ida McCarter	14. NAME OF HUSBAND OR WIFE L. S. Ritter
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) No.	16. SOCIAL SECURITY NO. Unknown	17. INFORMANT'S SIGNATURE OR NAME Shelvy Ritter - Lee's Summit, MO.	ADDRESS _____
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 3 months 2001
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Lymphosarcoma of Small Intestine		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) starting 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.			

19a. DATE OF OPERATION 3-27-54	19b. MAJOR FINDINGS OF OPERATION Extensive Lymphosarcoma of Small Intestine	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) _____
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 **2-27, 1954** to **5-7-54**, that I last saw the deceased alive on **5-7-54**, and that death occurred at **10:30 AM**, from the causes and on the date stated above.

23a. SIGNATURE Clint L. Miller (Degree or title) MD	23b. ADDRESS Lee's Summit, MO.	23c. DATE SIGNED 5-8-54
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24a. BURIAL CREMATION REMOVAL (Specify) Burial	24b. DATE May 10, 1954	24c. NAME OF CEMETERY OR CREMATORY Lee's Summit	24d. LOCATION (City; town, or county) (State) Lee's Summit, Missouri
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DATE REC'D BY LOCAL REG. 5-11-54	REGISTRAR'S SIGNATURE Seraldine Smith	25. FUNERAL DIRECTOR'S SIGNATURE N. B. Longford	ADDRESS Lee's Summit, MO.
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(Licensed Embalmer's Statement on Reverse Side)

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

W.B. Langford

Licensed Embalmer No. *9833*

P. O. Address *Leis Summit*

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.