

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

BIRTH NO. _____ REG. DIST. NO. 118 PRIMARY REG. DIST. NO. 5441 Registrar's No. 28

1. PLACE OF DEATH a. COUNTY <u>Gasconade</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Gasconade</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Third Creek</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Third Creek Twp.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Farm Home</u>		d. STREET ADDRESS (If rural, give location) <u>Owensville, Mo. 0370</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Clarence</u> b. (Middle) <u>Edwin</u> c. (Last) <u>Ritterbusch</u>		4. DATE OF DEATH <u>July 4, 1954</u>	
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>single</u>	8. DATE OF BIRTH <u>March 10, 1908</u> 9. AGE (In years) <u>46</u> (If under 1 year: Months Days; If under 2 hrs: Hours Min.)
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>own farm</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Owensville, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>

13a. FATHER'S NAME <u>Charles Ritterbusch</u>	13b. MOTHER'S MAIDEN NAME <u>Mary Zinn</u>	14. NAME OF HUSBAND OR WIFE <u>Mildred Ritterbusch</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service) <u>**</u>	16. SOCIAL SECURITY NO. <u>493-12-1394</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mildred Ritterbusch</u> ADDRESS <u>Owensville, Mo.</u>

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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Myocarditis</u>		
	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.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>4222</u>	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) (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 4-2, 1954, to 7-4, 1954, that I last saw the deceased alive on 6-30, 1954, and that death occurred at 1 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>H. H. Bradley, D.O.</u>	23b. ADDRESS <u>Owensville, Mo.</u>	23c. DATE SIGNED <u>7-7-54</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	24b. DATE <u>7-7-1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>City Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Owensville, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>July 8, 1954</u>	REGISTRAR'S SIGNATURE <u>Mrs. Marian Jappmeyer</u>	493-0	25. FUNERAL DIRECTOR'S SIGNATURE <u>Walter H. H. White</u> ADDRESS <u>OWENSVILLE</u>
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WRITE PLAINLY—USING UNFADING 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 me

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Walter H. Winter

Licensed Embalmer No. 3838

P. O. Address OWENSOILLE

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.