

FILED JUN 24 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

21154

State File No. ....

1003

Registrar's No. 4510

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).	
b. CITY (If outside corporate limits, write RURAL and give township) St Louis 0		a. STATE <u>Illinois</u>	
c. LENGTH OF STAY (In this place) 23 days		b. COUNTY <u>8120</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION De Paul Hospital		c. CITY OR TOWN <u>Murphysboro</u>	
		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
		e. STREET ADDRESS (If rural, give location) <u>606 Chestnut</u>	

3. NAME OF DECEASED (Type or Print)		4. DATE OF DEATH	
a. (First) <u>Irene</u>		(Month) (Day) (Year)	
b. (Middle) <u>Ritchie</u>		<u>5 18 1954</u>	
c. (Last)			
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH
		<u>married</u>	<u>1-22-1909</u>
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	9b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday)	10. CITIZENSHIP
<u>Housewife</u>	<u>own home</u>	<u>45</u>	<u>Arkansas</u>
11. BIRTHPLACE (City and State or Foreign Country)		12. CITIZEN OF WHAT COUNTRY?	
<u>Arkansas</u>			

13a. FATHER'S NAME <u>Oll Alverson</u>	13b. MOTHER'S MAIDEN NAME <u>Bertha Nelson</u>	14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME	ADDRESS
		<u>ODee Ritchie</u>	<u>Murphysboro Ill</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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)		MEDICAL CERTIFICATION <u>Carcinoma of Lung</u>	INTERVAL BETWEEN ONSET AND DEATH <u>2 yrs</u>
	ANTECEDENT CAUSES			
	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	20. AUTOPSY?
	<u>Malignant Tumor of Ovary</u>	YES <input checked="" type="checkbox"/> NO <input 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)
<u>5/12/54</u>		<u>175X</u>

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 <u>5/17</u> , 19 <u>54</u> , to <u>5/17</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>5/11</u> , 19 <u>54</u> , and that death occurred at <u>100</u> m., from the causes and on the date stated above.		

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
<u>[Signature]</u>	<u>4952 Maryland</u>	<u>5/19/54</u>

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
<u>Removal</u>	<u>5-18-54</u>	<u>Murphysboro</u>	<u>Ill</u>

DATE REC'D BY LOCAL REG. OFFICE <u>MAY 20 1954</u>	REGISTRAR'S SIGNATURE <u>[Signature]</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u>	ADDRESS <u>Crawshaw Funeral Home Murphysboro Ill</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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.....  
Signature of Student Embalmer

Signed *Bill C. Hanson*.....

Licensed Embalmer No. *476*

P. O. Address *St. Louis*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.