

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 4614

FILED OCT 20 1954

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. <u>4614</u>	
1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>JACKSON</u>			
b. CITY (If outside corporate limits, write RURAL, and give township) <u>KANSAS CITY</u>		c. LENGTH OF STAY (in this place) <u>10 YEARS</u>		c. CITY OR TOWN <u>KANSAS CITY</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>5031 WOODLAND AVENUE</u>				f. STREET ADDRESS (If rural, give location) <u>5031 WOODLAND AVENUE</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>DAVID</u> b. (Middle) <u>THOMAS</u> c. (Last) <u>RITCHIE</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>SEPT. 30. 1954</u>				
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>APRIL-28-1889</u>		9. AGE (In years last birthday) <u>65</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work and, if different from that of working life, even if retired) <u>SPECIAL REPRESENTATIVE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>BOND BREAD CO.</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>OSKALOOSA, KANSAS</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	
13a. FATHER'S NAME <u>JOHN THOMAS RITCHIE</u>			13b. MOTHER'S MAIDEN NAME <u>EMMA RICE</u>		14. NAME OF HUSBAND OR WIFE <u>MRS. RUBY RITCHIE</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or date of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>487-09-8807</u>		17. INFORMANT'S SIGNATURE OR NAME <u>GERALD D. RITCHIE</u>			ADDRESS <u>8940 INDEPENDENCE AVE</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, asthenia, etc. It means the disease, injury, or complication which caused death.							
MEDICAL CERTIFICATION							
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Adams - Stokes Syndrome - (Cardiac arrest)</u>						INTERVAL BETWEEN ONSET AND DEATH <u>10 min.</u>	
ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Complete Heart Block</u>						<u>1 1/2 years</u>	
DUE TO (c) <u>Coronary Artery Sclerosis</u>						<u>1 1/2 years</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Arterial Hypertension 4201</u>						<u>1 1/2 years</u>	
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) (m.)		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>Jan 10, 1953</u> to <u>Sept. 30, 1954</u> that I last saw the deceased alive on <u>Sept. 20, 1954</u> and that death occurred at <u>9:15 A.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Graham Asher</u> (Degree of title) <u>M.D.</u>				23b. ADDRESS <u>1220 Professional Bldg.</u>		23c. DATE SIGNED <u>9-10-54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>OCT-2-1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mt. MORIAH CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>KANSAS CITY MISSOURI</u>		
DATE REC'D BY LOCAL REG. <u>10-2-54</u>		REGISTRAR'S SIGNATURE <u>Neva Marshall</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Dr. Newcomer</u> ADDRESS <u>1331 BRUSH CREEK KANSAS CITY, MO.</u>			

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, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Albert L. Savage*.....

Licensed Embalmer No. *487*

P. O. Address *Honolulu*

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.