

FILED MAY 10 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 12392

BIRTH NO. REG. DIST. NO. 155 PRIMARY REG. DIST. NO. 5579 Registrar's No. 61

1. PLACE OF DEATH a. COUNTY <i>Jasper</i>		2. USUAL RESIDENCE (Where deceased lived. If institution residence before admission). a. STATE <i>Mo.</i> b. COUNTY <i>Jasper</i>	
b. CITY (Outside corporate limits, write RURAL and give township) <i>Rural Miner of Jasper</i>		c. CITY (If outside corporate limits, write RURAL and give township) <i>Joplin</i>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <i>923 Pearl</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>Jasper County Th. Hospital</i>			

3. NAME OF DECEASED (Type or Print) a. (First) <i>RAY</i> b. (Middle) <i>BUTLER</i> c. (Last) <i>RITCHIEY</i>			4. DATE OF DEATH (Month) (Day) (Year) <i>4-29-55</i>		
5. SEX <i>M</i>		6. COLOR OR RACE <i>W</i>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>married</i>	
8. DATE OF BIRTH <i>1-17-1888</i>		9. AGE (In years last birthday) <i>67</i>		10. IF UNDER 1 YEAR Months <i>3</i> Days <i>7</i>	
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <i>Electrician</i>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <i>Drain, Oregon</i>	
12. CITIZEN OF WHAT COUNTRY <i>U.S.</i>					

13a. FATHER'S NAME <i>JAKE RITCHIEY</i>		13b. MOTHER'S MAIDEN NAME <i>Collins</i>		14. NAME OF HUSBAND OR WIFE <i>Lilly</i>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <i>No</i>		16. SOCIAL SECURITY NO. <i>491-01-7684A</i>		17. INFORMANT'S SIGNATURE OR NAME <i>Lily Ritchey</i>	
				ADDRESS <i>902 Wall Joplin, Mo</i>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Pulmonary Tuberculosis</i>			
		INTERVAL BETWEEN ONSET AND DEATH <i>?</i>			
		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		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) <i>002X</i>	
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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?
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22. I hereby certify that I attended the deceased from *3-23-1955* to *4-29-1955*, that I last saw the deceased alive on *4-25-1955*, and that death occurred at *5:40 A.M.*, from the causes and on the date stated above.

23a. SIGNATURE <i>Dr. R. Dancy</i>		23b. ADDRESS <i>Box 390 Webb City Mo</i>		23c. DATE SIGNED <i>4-29-55</i>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24b. DATE <i>5-3-1955</i>		24c. NAME OF CEMETERY OR CREMATORY <i>City Cemetery</i>	
				24d. LOCATION (City, town, or county) (State) <i>Webb City Mo</i>	

DATE REC'D BY LOCAL REG. <i>5-2-55</i>		REGISTRAR'S SIGNATURE <i>Miss Madeline Switzer</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>Thornhill-Dillon</i>	
				ADDRESS <i>Joplin Mo.</i>	

(Licensed Embalmer's Statement on Reverse Side)

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

Jasper County Health Office
County File Number 5-5-522
Date Filed MAY 9 1955

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 David Dillon

Licensed Embalmer No. 3898

P. O. Address Joplin 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.