No. 300
10.48

FILED JUL 14 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 19406

BIRTH NO. _____ REG. DIST. NO. 200 PRIMARY REG. DIST. NO. 5725 Registrar's No. 121

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0

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

1. PLACE OF DEATH
a. COUNTY: Macon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Hudson
c. LENGTH OF STAY (in this place): 5 yrs. 2 mon.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Still Hildreth Sanatorium

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Buchanan
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Joseph 0117
d. STREET ADDRESS (If rural, give location): 522 N 25th. St.

3. NAME OF DECEASED (Type or Print)
a. (First): Thomas
b. (Middle): Logan
c. (Last): Ritchey

4. DATE OF DEATH (Month) 7 (Day) 3 (Year) '55

5. SEX: Male 0
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 1
8. DATE OF BIRTH: 1/5/1871
9. AGE (In years last birthday): 84 — IF UNDER 1 YEAR: Months 6 Days 2 — IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Freight Agent
10b. KIND OF BUSINESS OR INDUSTRY: C&G.W. R.R
11. BIRTHPLACE (City and State or Foreign Country): Stewartsville, Mo. 0
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: James Ritchey
13b. MOTHER'S MAIDEN NAME: Sue Logan
14. NAME OF HUSBAND OR WIFE: Olive W. Ritchey

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): No.
16. SOCIAL SECURITY NO.: 708-10-0203
17. INFORMANT'S SIGNATURE OR NAME: Mrs. Olive Ritchey — ADDRESS: St. Joseph, Mo.

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): Sepist Terminal Pneumonia
ANTECEDENT CAUSES: Thrombotic Encephalomacia and
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Cerebral Hemorrhage
DUE TO (c): Advanced Arteriosclerosis

INTERVAL BETWEEN ONSET AND DEATH

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: 331 x
20. AUTOPSY? YES ☐ NO ☐

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 4/7, 1950 *to* 7/3, 1955, *that I last saw the deceased alive on* 7/3, 1955, *and that death occurred at* 8:45P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): E. A. Morgan, D.O.
23b. ADDRESS: S.H.O.S., Macon, Mo.
23c. DATE SIGNED: 7/3/55

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: July 4, 1955
24c. NAME OF CEMETERY OR CREMATORY: Memorial Park
24d. LOCATION (City, town, or county) (State): St. Joseph, Mo.

DATE REC'D BY LOCAL REG.: 7/8/55
REGISTRAR'S SIGNATURE: Ruth McNeely 185
25. FUNERAL DIRECTOR'S SIGNATURE: Meerhoffer-Fleman — ADDRESS: St. Joseph, Mo.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED 7.11.55
MACON COUNTY HEALTH DEPARTMENT
County File No. 7.55.109
Date Filed 7.13.55

JUL 13 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 Charles L. Hutton

Licensed Embalmer No. 4577

P. O. Address Macon, 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.