

FILED AUG 15 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

21505

State File No. ....

BIRTH NO. ....		REG. DIST. NO. <u>70</u>		PRIMARY REG. DIST. NO. <u>5286</u>		Registrar's No. <u>34</u>			
1. PLACE OF DEATH a. COUNTY <u>Clark</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Clark</u>					
b. CITY OR TOWN <u>Wyaconda, Mo.</u>		c. LENGTH OF STAY (In this place)		c. CITY OR TOWN <u>Wyaconda</u>		d. In 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				e. STREET ADDRESS (If rural, give location) <u>Wyaconda Sp 0230</u>					
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Wilbur</u>		b. (Middle) <u>James</u>		c. (Last) <u>Ritchey</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>Feb. 20-1884</u>			
9. AGE (In years last birthday) <u>71</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Blacksmith</u>		10b. KIND OF BUSINESS OR INDUSTRY		9. AGE (In years last birthday) UNDER 1 YEAR: Months _____ Days _____ 1 YEAR: Hours _____ Min. _____			
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>Bourbon, Indiana</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>Albert Ritchey</u>		13b. MOTHER'S MAIDEN NAME <u>Jennie Perrin</u>		14. NAME OF HUSBAND OR WIFE <u>Mrs. Nellie Ritchey</u>					
15. WAS DECEASED EVER IN U.S. ARMY OR FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. W. J. Ritchey Wyaconda</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.				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH <u>Unknown</u>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial</u>				ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (b) _____	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				DUE TO (c) _____				DUE TO (c) _____	
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) <u>Wyaconda, Clark, Mo.</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>Aug 5, 1955</u> , to _____, 19____, that I last saw the deceased alive on <u>Aug 5, 1955</u> , and that death occurred at <u>4:30 P.m.</u> , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <u>Harvard V. S. Math, D.O.</u>		23b. ADDRESS <u>Wyaconda, Mo.</u>		23c. DATE SIGNED <u>8/10/55</u>					
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>Aug. 7-1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Wyacondagen</u>		24d. LOCATION (City, town, or county) (State) <u>Wyaconda, Mo.</u>			
DATE REC'D BY LOCAL REG. <u>8/12-55</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Oliver L. Sutter</u>		ADDRESS <u>Lahoka</u>			

(Licensed Embalmer's Statement on Reverse Side)

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 *Alvin L. Luttinger*.....

Licensed Embalmer No. *296*.....

P. O. Address *L. L. Luttinger*.....

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.