

FILED AUG 17 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

26438

State File No.

BIRTH NO.		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. <u>3053</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>Bates</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City, Mo</u>		c. LENGTH OF STAY (in this place) <u>8 days</u>		c. CITY OR TOWN <u>Adrain</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>Mercy Hospital</u>				STREET ADDRESS (If rural, give location) <u>OP 1</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Rose Ann</u> b. (Middle) <u>Ritter</u> c. (Last) <u>Ritter</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>July 17 55</u>				
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>12/11/46</u>		9. AGE (In years, last birthday) <u>8</u>	IF UNDER 1 YEAR Months <u>0</u> Days <u>0</u>	IF UNDER 24 HRS. Hours <u>0</u> Min. <u>0</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>child</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Butler, Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Leonard Ritter</u>		13b. MOTHER'S MAIDEN NAME <u>Maxine Gayland</u>		14. NAME OF HUSBAND OR WIFE <u>None</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Leonard Ritter</u> ADDRESS <u>Adrain Mo</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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Massive gastro intestinal hemorrhage</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Probable esophageal varices</u> DUE TO (c) <u>absence of portal vein</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>(Probably congenital)</u>				INTERVAL BETWEEN ONSET AND DEATH <u>9 days</u> <u>3 yrs</u> <u>7562</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>None this hospitalization</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>No</u>		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)		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>July 9, 1955</u> , to <u>July 17, 1955</u> , that I last saw the deceased <input checked="" type="checkbox"/> alive on <u>July 17, 1955</u> , and that death occurred at <u>10:40am.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Alice Marsh, M.D.</u> (Degree or title) <u>Alice Marsh M.D.</u>				23b. ADDRESS <u>121 Lawn Kansas City, Missouri</u>		23c. DATE SIGNED <u>7/17/55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>7-17-55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Adrain Mo</u>		24d. LOCATION (City, town, or county) (State)	
DATE REC'D BY LOCAL REG. <u>7-17-55</u>		REGISTRAR'S SIGNATURE <u>Neva Minshel</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Six Montague</u> ADDRESS <u>Adrain Mo</u>			

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

BY SIMON'S

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..... *John R. Sidman*

Licensed Embalmer No. 45

P. O. Address *Kansas*

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.