

FILED DEC 5 1955

BIRTH NO. _____		REG. DIST. NO. <u>299</u>		PRIMARY REG. DIST. NO. <u>558</u>		Registrar's No. <u>19</u>	
1. PLACE OF DEATH a. COUNTY <u>Reynolds</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Elvina Mo.</u> b. COUNTY <u>St. Francois</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Centerville-Carroll</u>		c. LENGTH OF STAY (in this place) <u>12 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Centerville</u>		d. STREET ADDRESS (If rural, give location) <u>no</u> <u>0940</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION. <u>Residence</u>							
3. NAME OF DECEASED (Type or Print) a. (First) <u>Lee</u>			b. (Middle) <u>Isaac</u>		c. (Last) <u>Ritter</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Nov 10 55</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>July 24</u>		9. AGE (In years last birthday) <u>88</u>	IF UNDER 1 YEAR Months <u>3</u> Days <u>16</u>	IF OVER 1 YEAR Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Drill Operator</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>St. Joseph Lead Co</u>		11. BIRTHPLACE (State or foreign country) <u>St. Francois County</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Watt Ritter</u>			13b. MOTHER'S MAIDEN NAME <u>Unknown</u>		14. NAME OF HUSBAND OR WIFE <u>Mary Ellen Hampton</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. (If yes, give year or dates of service) <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Johann Ritter Centerville 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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH <u>1952-1955</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of Stomach</u>						
	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.  <u>151X</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)		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>April 1, 1952</u> , to <u>Nov 7, 1954</u> , that I last saw the deceased alive on <u>Nov 7, 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>J. R. Patti MD</u>				23b. ADDRESS <u>Centerville, Mo.</u>		23c. DATE SIGNED <u>11-11-55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>11-10-55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Park View Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Farmington Mo.</u>		
DATE REC'D BY LOCAL REG. <u>11/18/55</u>		REGISTRAR'S SIGNATURE <u>E. M. H. Patrick</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Spark Funeral Home</u>		ADDRESS <u>Bonne Terre Mo</u>	

Revised 12-1-55

Reynolds County Health C

File No. 1255 - 44

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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.

Signed.....

*Ernest Speck*

Signed.....  
Student Embalmer

Licensed Embalmer No. *4287*

P. O. Address *Bonne Terre, Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.