

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

22899

State File No.

FILED AUG 13 1956

836

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No.

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| 1. PLACE OF DEATH a. COUNTY <u>Buchanan</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Buchanan</u> | |
| b. CITY (If outside corporate limits, write RURAL and give town or township) <u>St. Joseph</u> | | c. CITY OR TOWN <u>St. Joseph</u> | d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| c. LENGTH OF STAY (in this place) <u>25 days</u> | | e. STREET ADDRESS (If rural, give location) <u>R. R. #5</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Joseph's Hospital</u> | | | |

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|---|--|--|---|---|--|
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>ELSIE</u> b. (Middle) <u>C.</u> c. (Last) <u>RITCHIE</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>July 20, 1956</u> | | |
| 5. SEX <u>female</u> | | 6. COLOR OR RACE <u>white</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u> | |
| 8. DATE OF BIRTH <u>Jan. 23, 1912</u> | | 9. AGE (In years last birthday) <u>44</u> | | IF UNDER 1 YEAR: Months _____ Days _____ | |
| IF UNDER 24 HRS. Hours _____ Min. _____ | | 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>own' home</u> | |
| 11. BIRTHPLACE (City and State or Foreign Country) <u>Easton, Missouri</u> | | | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> | | |

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|--|--|---|--|--|--|
| 13a. FATHER'S NAME <u>C. J. Jackson</u> | | 13b. MOTHER'S MAIDEN NAME <u>Bertha C. Wagenblast</u> | | 14. NAME OF HUSBAND OR WIFE <u>R. Chesnut Ritchie</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 ADDRESS <u>R. Chesnut Ritchie, R. R. #5, St. Joseph, Mo.</u> | |

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| 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, ashenia, etc. It means the disease, injury, or complication which caused death.</i> | | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Giant follicular lymphoma</u> | | INTERVAL BETWEEN ONSET AND DEATH <u>8-10 mos.</u> | |
| | | ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> | | | |
| | | DUE TO (b) _____ | | | |
| | | DUE TO (c) _____ | | | |
| | | II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i> | | | |

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| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | | 20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) (Min.) | | 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 Nov. 16, 1955, to July 20, 1956, that I last saw the deceased alive on July 20, 1956, and that death occurred at 6:05 p. m., from the causes and on the date stated above.

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| 23. SIGNATURE <u>Rosella A. Potter, M.D.</u> (Degree or title) | | 23b. ADDRESS <u>St. Joseph, Mo.</u> | | 23c. DATE SIGNED <u>7-27-56</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u> | | 24b. DATE <u>7/23/1956</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park Cemetery</u> | |
| | | | | 24d. LOCATION (City, town, or county) (State) <u>St. Joseph, Mo.</u> | |

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|--|--|---|--|---|--|
| DATE REC'D BY LOCAL REG. <u>Aug 10, 1956</u> | | REGISTRAR'S SIGNATURE <u>Catharine M. Allison</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Heston - Bowman St. Joseph, Mo.</u> | |
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(Licensed Embalmer's Statement on Reverse Side)

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

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 *James H. Hawkins*.....

Licensed Embalmer No. *453A*.....

P. O. Address *319 So 10th St*.....

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.