

Health, Welfare, Public Service

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

28582  
STATE FILE NUMBER

FILED AUG 19 1957

Registration District No. 164 Primary Registration District No. 3032 Registrar's No. 94

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57

1. PLACE OF DEATH a. COUNTY <b>Johnson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Johnson</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Warrensburg</b>		c. CITY OR TOWN <b>Warrensburg</b>	
c. FULL NAME OF HOSPITAL OR INSTITUTION <b>Warrensburg Medical Center</b>		d. STREET ADDRESS (If outside, give location) <b>R.F.D. 1-A</b>	

3. NAME OF DECEASED (Type or print) <b>Bertha A. Rittman</b>			4. DATE OF DEATH Month <b>8</b> Day <b>13</b> Year <b>1957</b>		
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5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>July 11 1878</b>	9. AGE (In years last birthday) <b>79</b>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during week, even if retired) <b>Housewife</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Own Home</b>	11. BIRTHPLACE (City and state or country) <b>Johnson County, Mo.</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>I.W. Manis</b>	13b. MOTHER'S MAIDEN NAME <b>Sarah K. Parman</b>	14. NAME OF HUSBAND OR WIFE <b>Edward Rittman</b>
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, No, or unknown) <b>No</b>	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT Address <b>Alfred Rittman R# 1-A Warrensburg, Mo.</b>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>circulatory failure</u>		INTERVAL BETWEEN ONSET AND DEATH <b>5 days</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>occlusion of femoral arteries bilaterally</u>	
	DUE TO (c) <u>obliteration end arteritis</u> <b>4500</b>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Chronic congestive Heart failure with Decompensation</u>		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour _____ a.m. _____ p.m.	

20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY	STATE
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21. I attended the deceased from 8/10/57 to 8/13/57 and last saw her alive on 8/13/57  
Death occurred at 7:15 Pm on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <u>Edward W. Turrentine M.D.</u>	22b. ADDRESS <u>122 East Market St, Warrensburg, Mo.</u>	22c. DATE SIGNED <u>8/15/57</u>
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23a. BURIAL, CREMATION, OR OTHER DISPOSITION (Specify) <b>Burial</b>	23b. DATE <b>8 - 15 - 57</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Jacoby Chapel Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>R#1A Warrensburg, Mo.</b>
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24. FUNERAL DIRECTOR ADDRESS <b>Sweeney-Phillips Warrensburg, Mo.</b>	25. DATE RECD. BY LOCAL REG. <u>Aug 15 1957</u>	26. REGISTRAR'S SIGNATURE <u>Savannah Cretchfield</u>
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(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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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 *J. Earl Priest*

Licensed Embalmer No. 3878

P. O. Address Warrensburg

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.