

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

35379

STATE FILE NUMBER

FILED NOV 12 1957

Registration District No. 118 Primary Registration District No. 5441 Registrar's No. 32

S. 300
v. 1-57

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY <u>Gasconade</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Gasconade</u>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Third Creek Twp.</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN <u>Owensville</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Farm Home</u>		Length of stay in lb <u>2 yrs.</u>	d. STREET ADDRESS (If outside, give location) <u>Owensville Rt.</u>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>August</u> Middle <u>Carl</u> Last <u>Ritterbusch</u>			4. DATE OF DEATH Month <u>Oct.</u> Day <u>30</u> Year <u>1957</u>		
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Nov. 5, 1896</u>	9. AGE (In years last birthday) <u>60</u>	IF UNDER 1 YEAR Months <u>0</u> Days <u>0</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Car Salesman</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Selling</u>	11. BIRTHPLACE (City and state or country) <u>Owensville, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>Charles H. Ritterbusch</u>		13b. MOTHER'S MAIDEN NAME <u>Marie Zinn</u>		14. NAME OF HUSBAND OR WIFE <u>Katherine Sicht Ritterbusch</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <u>yes WWI</u>		16. SOCIAL SECURITY NO. <u>488-09-0196</u>	17. INFORMANT Address <u>Owensville</u> <u>Mrs. Katherine Ritterbusch Owensville</u>		
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>Diabetes Mellitus</u>					INTERVAL BETWEEN ONSET AND DEATH <u>4 yrs</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____					
PART II: OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>260X</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 _____ Month, Day, Year _____ a.m. _____ p.m. _____					
20d. INJURY OCCURRED WHILE AT <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	
21. I attended the deceased from <u>2-13-53</u> to <u>10-30-57</u> and last saw him alive on <u>10-29-57</u> Death occurred at <u>6:10</u> a.m. on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <u>Paula Bronner, M.D.</u> (Degree or title)			22b. ADDRESS <u>Owensville, Mo.</u>		22c. DATE SIGNED <u>10-31-57</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		23b. DATE <u>11-1-1957</u>	23c. NAME OF CEMETERY OR CREMATORY <u>City Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Owensville, Mo.</u>
24. FUNERAL DIRECTOR <u>Millard W W Winter</u> ADDRESS <u>OWENSVILLE</u>			25. DATE RECD. BY LOCAL REG. <u>November 1, 1957</u>	26. REGISTRAR'S SIGNATURE <u>Mrs. Marjorie Zappney</u>	

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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 me, Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed Myford H H Winter

Licensed Embalmer No. 3838
P. O. Address OWENSVILLE

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.