

FILED MAR 17 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-009696

STATE FILE NUMBER

Registration District No. 137 Primary Registration District No. 5514 Registrar's No. 755

300
-57
20
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1. PLACE OF DEATH a. COUNTY Henry		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY 0420	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Brownington, Mo.		c. CITY OR TOWN Brownington	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Brownington, Mo.		d. STREET ADDRESS (If outside, give location) City	
3. NAME OF DECEASED (Type or print) First Middle Last Earnest Andrew Ritter		4. DATE OF DEATH Month Day Year 3 14 1958	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Feb. 17, 1901
9. AGE (In years last birthday) 57		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer	11. BIRTHPLACE (City and state or country) Brownington, Mo.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY Contracting	12. CITIZEN OF WHAT COUNTRY? U.S.A
13a. FATHER'S NAME George Ritter		13b. MOTHER'S MAIDEN NAME Mary Walker	14. NAME OF HUSBAND OR WIFE Nina Ritter
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) yes		16. SOCIAL SECURITY NO. 486-09-3834	17. INFORMANT Address Nina Ritter Brownington, Mo.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Explosion of dynamite apparently strapped to left chest. (Self inflicted)			INTERVAL BETWEEN ONSET AND DEATH Instant
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) 976X			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" 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 10:30 a.m. 3-14-58			
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.) Street - man	
20f. CITY, TOWN, OR LOCATION Brownington, Mo.		COUNTY 0420 STATE Mo.	
21. I attended the deceased from Mo. 7 , to _____ and last saw her alive on 3-14-58 Death occurred at 10:30 am m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) W. B. Zundshaw, M.D. Henry Co 3		22b. ADDRESS Clinton, Mo	
22c. DATE SIGNED 3-15-58			
23a. BURIAL, CREMATION, REMOVAL (S, T, C) BURIAL		23b. DATE March, 16. 58	
23c. NAME OF CEMETERY OR CREMATORY Maplewood.		23d. LOCATION (City, town, or county) (State) Brownington, Mo. March. 16.	
24. FUNERAL DIRECTOR Sickman & Dunning		ADDRESS Clinton Mo.	
25. DATE RECD. BY LOCAL REG. 3-15-58		26. REGISTRAR'S SIGNATURE Mildred Bigum	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

APR 2 2 1958

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 *Robert L. Dunning*

Licensed Embalmer No. *4710*

P. O. Address *Clinton, Mo.*

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.