

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-010547

STATE FILE NUMBER

FILED APR 7 1959 Registration District No. 297 Primary Registration District No. 4022 Registrar's No. 48

300
1-57

1. PLACE OF DEATH a. COUNTY Ray		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Ray	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Richmond Township Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN Richmond Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Ray County Mem. Hosp. Length of stay in lb 1 1/2 hr.		d. STREET ADDRESS (If outside, give location) 1/2 mile West of Richmond Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last DEANIS LEONARD RITCHIE			4. DATE OF DEATH Month Day Year March 27, 1959
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, 1918
9. AGE (In years last birthday) 41		IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Parts checker		10b. KIND OF BUSINESS OR INDUSTRY Auto. assembly	11. BIRTHPLACE (City and state or country) Richmond, Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME William R. Ritchie	
13b. MOTHER'S MAIDEN NAME Susie Ritnour		14. NAME OF HUSBAND OR WIFE Mary Mullikin Ritchie	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) Yes World War II		16. SOCIAL SECURITY NO. 487-07-1701	17. INFORMANT Address Mary Ritchie, Rt. 4, Richmond, 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) Basilar skull fracture			INTERVAL BETWEEN ONSET AND DEATH 30 min.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			9035 44
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input checked="" 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.) Fell and struck head on cement sidewalk	
20c. TIME OF INJURY Hour Month, Day, Year 8:05 p.m. 3/27/59			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) South Camden St.	
20f. CITY, TOWN, OR LOCATION Richmond		COUNTY STATE Ray Mo.	
21. I attended the deceased from March 27, 1959 to March 27, 1959 and last saw him alive on March 27, 1959 Death occurred at 8:20 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE M. D. Johnson (Degree or title)		22b. ADDRESS Richmond, Mo.	
22c. DATE SIGNED 3/30/59			
23a. BURIAL, CREMATION, OR REMOVAL (Specify) Burial		23b. NAME OF CEMETERY OR CREMATORY Sunny Slope Cemetery	
23c. DATE Mar. 30, 1959		23d. LOCATION (City, town, or county) (State) Richmond, Mo.	
24. FUNERAL DIRECTOR Thurman Funeral Home, Richmond, Mo.		25. DATE RECD. BY LOCAL REG. April 2-1959	
26. REGISTRAR'S SIGNATURE Mabel Jackson			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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.

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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, ~~so by~~, Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed *Wm. Leonard Thurman*

Licensed Embalmer No. 4563

P. O. Address Richmond, 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.