

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-013094

STATE FILE NUMBER

Registration District No. 137 Primary Registration District No. \_\_\_\_\_ Registrar's No. 92

1. PLACE OF DEATH  
a. COUNTY Henry  
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Davis Township Inside Limits Yes  No   
c. FULL NAME OF HOSPITAL OR INSTITUTION Kansas City P. & L. Sta. Length of stay in lb 3 Wks.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
a. STATE Mo. b. COUNTY Jackson  
c. CITY OR TOWN Kansas City Inside Limits Yes  No   
d. STREET ADDRESS (If outside, give location) 2525 Holms Reside on Farm Yes  No

3. NAME OF DECEASED (Type or print) First Eugene Middle Aurthur Last Ritter  
4. DATE OF DEATH Month April Day 14 Year 1959

5. SEX Male 6. COLOR OR RACE White 7. MARRIED  NEVER MARRIED  WIDDED  DIVORCED   
8. DATE OF BIRTH Sept. 18, 1921 9. AGE (In years last birthday) 37 IF UNDER 1 YEAR Months 6 Days 26 IF UNDER 24 HRS Hours \_\_\_\_\_ Min. \_\_\_\_\_

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Boilermaker  
10b. KIND OF BUSINESS OR INDUSTRY \_\_\_\_\_  
11. BIRTHPLACE (City and state or country) Mitchel, So. Da. 12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Fred Ritter 13b. MOTHER'S MAIDEN NAME Unknown 14. NAME OF HUSBAND OR WIFE Arlene Yvonne Ritter

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give year or dates of service) W. W. # 2.  
16. SOCIAL SECURITY NO. 503-14-1669 17. INFORMANT Kansas City, Mo. Arlene Yvonne Ritter, 2525 Homes

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)  
PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Depressed Skull Fracture (Parietal left)  
Penetrating wound through occipital bone  
Basal Skull Fracture  
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) 9103  
19. WAS AUTOPSY PERFORMED? YES  NO

20a. ACCIDENT  SUICIDE  HOMICIDE   
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Metal clamping iron 15" fell 150' and struck deceased on head.  
20c. TIME OF INJURY Hour 4:10 p.m. Month, Day, Year 4-14-59

20d. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK   
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, bldg., etc.) Montrose Power Plant - East Unit  
20f. CITY, TOWN, OR LOCATION COUNTY STATE Davis township; Henry Co., Mo.

21. I attended the deceased from no attendant to \_\_\_\_\_ and last saw him alive on 4-14-59  
Death occurred at approx 4:10 pm 4-14-59 m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) W.D. Bradshaw, MD Henry G. Crowder 22b. ADDRESS Clinton, Mo. 22c. DATE SIGNED 4/15/59

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal 23b. DATE April 15, 1959 23c. NAME OF CEMETERY OR CREMATORY Salem 23d. LOCATION (City, town, or county) (State) Salem, So. Da.

24. FUNERAL DIRECTOR ADDRESS H.A. Vassant, Clinton, Mo 25. DATE RECD. BY LOCAL REG. 4-15-59 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.

MAY 20 1959

STATEMENT BY LICENSED EMBALMER

APR 23 1959

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 *W.A. Tansant* .....

Licensed Embalmer No. *3779* .....

P. O. Address... *Clinton, N.Y.* .....

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.