

FEDERAL BUREAU OF INVESTIGATION
FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-029831

FILED VS SEP 8 1960

Registration District No. 47 Primary Registration District No. 5164 Registrar's No. 245 STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY GALLAWAY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY GALLAWAY			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN FULTON TWP.		Length of stay in 1b 3 YRS		c. CITY OR TOWN FULTON		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION FARM HOME			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) RT. 2 FULTON		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First PHILIP Middle RICHARD Last RITCHEY				4. DATE OF DEATH Month 9 Day 4 Year 1960			
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 1-24-1909	9. AGE (last birthday) 53	IF UNDER 1 YEAR Months 7 Days 10	IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter			10b. KIND OF BUSINESS OR INDUSTRY General Carpenter		11. BIRTHPLACE (City and state or country) ST. CLAIR, FRANKLIN		12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME JOE RITCHEY			13b. MOTHER'S MAIDEN NAME CLARA GIBSON		14. NAME OF HUSBAND OR WIFE BLANCHE RITCHEY		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date) YES WWII 2-10-18-45			16. SOCIAL SECURITY NO. 492-03-2518		17. INFORMANT Estle Gullett St Clair mo Address		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:							INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) METASTATIC BRAIN CANCER							3 mos.
DUE TO (b) BRONCHOGENIC CARCINOMA							4-6 mos.
DUE TO (c) DIABETES INSIPIDUS.							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
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 							
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	
21. I attended the deceased from JAN 1960 to SEPT 4, 1960 and last saw him alive on SEPT 3, 1960 Death occurred at 3:39 PM on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) George E. Groce MD				22b. ADDRESS Fulton, mo		22c. DATE SIGNED 9/4/60	
23a. BURIAL OR CREMATION, REMOVAL (Specify) Burial		23b. DATE 9-3-60	23c. NAME OF CEMETERY OR CREMATORY VIRGINIA MINES		23d. LOCATION (City, town, or county) (State) ST. CLAIR, MO		
24. FUNERAL DIRECTOR Shirley W. Mitchell St Clair mo ADDRESS				25. DATE RECD. BY LOCAL REG. 4-4-1960		26. REGISTRAR'S SIGNATURE Martha Lawrence	

DOCUMENT
MEDICAL CERTIFICATION
BY AFFIDAVIT OF.

OCT 14 1960

OCT 10 1960

FEB 15 1961

VS SEP 21 1960

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Sheswood W. Kitchell

Licensed Embalmer No. 387

P. O. Address St. Clair

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform 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.