URI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

FILED VS AUG 16 1960

60-031296
STATE FILE NUMBER

Registration District No. 700 Primary Registration District No. 3041 Registrar's No. 137

NDED

1. PLACE OF DEATH
a. COUNTY: Macon
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Macon
Length of stay in 1b: 1/12.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: 105 Vine
Inside Limits: Yes ☑ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo. b. COUNTY: Macon
c. CITY OR TOWN: Macon
Inside Limits: Yes ☑ No ☐
d. STREET ADDRESS (If outside, give location): 1017 N. Rubey
Reside on Farm: Yes ☐ No ☑

3. NAME OF DECEASED (Type or print): First: Ernest Middle: John Last: Ritte

4. DATE OF DEATH: Month: July Day: 26. Year: 1960

5. SEX: Male

6. COLOR OR RACE: White

7. Married ☑ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH: 7/7/1897

9. AGE (last birthday): 63

IF UNDER 1 YEAR: Months ___ Days ___
IF UNDER 24 HR: Hours ___ Min. ___

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Shoe Repairman

10b. KIND OF BUSINESS OR INDUSTRY: ——

11. BIRTHPLACE (City and state or country): Howard Lake, Minn.

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: George Ritte

13b. MOTHER'S MAIDEN NAME: Helinski, Helen

14. NAME OF HUSBAND OR WIFE: Clara Ritte

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): Yes (If yes, give war or dates of service): WWI U.S. Army

16. SOCIAL SECURITY NO.: 513-26-0275

17. INFORMANT: Clara Ritte Address: Macon, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a): Acute Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: 10 minutes

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b): Chronic Coronary heart disease — years

DUE TO (c):

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Angina pectoris.

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

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.)

20c. TIME OF INJURY: Hour a.m. p.m. Month, Day, Year

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.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 1955 to 26 July 60 and last saw ~~her~~ him alive on 26 July 60
Death occurred at 3:15 P m on the date stated above, and to the best of my knowledge from the causes stated.

22a. SIGNATURE: Donald E Eggleston (Degree or title) MD

22b. ADDRESS: Macon, Mo

22c. DATE SIGNED: 6 Aug 60

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: 7/29/1960

23c. NAME OF CEMETERY OR CREMATORY: Hill Crest M. Gardens

23d. LOCATION (City, town, or county) (State): Macon, Mo.

24. FUNERAL DIRECTOR: Lester Hutton ADDRESS: Macon, Mo.

25. DATE RECD. BY LOCAL REG.: 8/10/60

26. REGISTRAR'S SIGNATURE: Ruth McCreely

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

AUG 17 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_____ Signed Charles L Hutton

Signature of Student Embalmer

Licensed Embalmer No. 4577

P. O. Address Macon,

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