RI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS NOV 7 1960

-60-037837
STATE FILE NUMBER

Registration District No. 77 Primary Registration District No. 3016 Registrar's No. 364

1. PLACE OF DEATH
a. COUNTY Cole
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Jefferson City
Length of stay in 1b
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Memorial Hospital
Inside Limits Yes X No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY Cole
c. CITY OR TOWN Jefferson City
Inside Limits Yes X No ☐
d. STREET ADDRESS (If outside, give location) 1509 Rosewood
Reside on Farm Yes ☐ No X

3. NAME OF DECEASED (Type or print) First Joan Middle None Last Ritchhart
4. DATE OF DEATH Month Oct Day 28 Year 1960
5. SEX Female
6. COLOR OR RACE White
7. Married ☐ Never Married ☐ Widowed ☐ Divorced X
8. DATE OF BIRTH Aug-16-29
9. AGE (last birthday) 31
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) Book-keeper
10b. KIND OF BUSINESS OR INDUSTRY Union
11. BIRTHPLACE (City and state or country) Pittsburg, Pa.
12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME Ralston B Hemsley
13b. MOTHER'S MAIDEN NAME Mildred Clark
14. NAME OF HUSBAND OR WIFE Warren Ritchhard
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Mrs. Mildred Hemsley, Jefferson City 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) Malignant Melanoma — INTERVAL BETWEEN ONSET AND DEATH 18 mos
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Primary Melanoma of Skin — 18 mos
DUE TO (c)
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. ☐ 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 7/15/59, to 11/28/60 and last saw her/him alive on 10/27/60
Death occurred at 4 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE [signature] (Degree or title) MD
22b. ADDRESS Jefferson City Mo
22c. DATE SIGNED 10/28/60

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal
23b. DATE 10/29/60
23c. NAME OF CEMETERY OR CREMATORY Beach Grove Cemetery
23d. LOCATION (City, town, or county) (State) Pomeroy, Ohio

24. FUNERAL DIRECTOR Thorpe J Gordon
ADDRESS Jefferson City, Mo
25. DATE RECD. BY LOCAL REG. 28 October 1960
26. REGISTRAR'S SIGNATURE R.P. Norris MD - M Richter Dep.

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

VS NOV 7 1960

VS JAN 24 1961

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by m

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____ Signed _____
Signature of Student Embalmer

Licensed Embalmer No. 1786

P. O. Address _____

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