

**FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

**-60-042898**

**FILED VS. DEC. 6 1960 234**

Primary Registration District No. **4349** Registrar's No. **18**

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <b>MORGAN</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>MORGAN</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>STOVER</b>		Length of stay in lb <b>8 yrs.</b>	c. CITY OR TOWN <b>STOVER</b>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>ELM STREET</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>ELM STREET</b>
		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Middle Last <b>CHARLES M. RITCHIE</b>			4. DATE OF DEATH Month Day Year <b>NOV. 28 1960</b>			
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>SEPT. 19 1889</b>	9. AGE (last birthday) <b>72</b>	IF UNDER 1 YEAR Months <b>2</b> Days <b>9</b>	IF UNDER 24 HR Hours <b></b> Min. <b></b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>FARM</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>FARM</b>		11. BIRTHPLACE (City and state or country) <b>MORGAN COUNTY MO.</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>

13a. FATHER'S NAME <b>LEM RITCHIE</b>		13b. MOTHER'S MAIDEN NAME <b>UNKNOWN</b>		14. NAME OF HUSBAND OR WIFE <b>ZELLA RITCHIE</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>		16. SOCIAL SECURITY NO. <b>492-18-2195</b>		17. INFORMANT Address <b>ZELLA RITCHIE STOVER MO.</b>	

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 <b>10 hours</b>
IMMEDIATE CAUSE (a) <b>Acute Coronary Occlusion</b>			
DUE TO (b) <b>Generalized Arterio Sclerosis</b>			
DUE TO (c) <b></b>			<b>5 yrs</b>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Cerebral hemorrhage April 1960</b>			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 a.m. p.m.			

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 <b>1957</b> to <b>Nov 28, 1960</b> and last saw <sup>her</sup> him alive on <b>Nov 28, 1960</b> Death occurred at <b>2 P</b> m on the date stated above, and to the best of my knowledge, from the causes stated.				

22a. SIGNATURE (Degree or title) <b>J L Washburn MD</b>		22b. ADDRESS <b>Versailles, Mo</b>		22c. DATE SIGNED <b>12/2/60</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	23b. DATE <b>DEC. 1 1960</b>	23c. NAME OF CEMETERY OR CREMATORY <b>RITCHIE CEMETERY</b>	23d. LOCATION (City, town or county) (State) <b>MORGAN COUNTY MO.</b>	
24. FUNERAL DIRECTOR ADDRESS <b>Crown Stevinson Stover Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>Dec. 5, 1960</b>	26. REGISTRAR'S SIGNATURE <b>Wm L. Papayer</b>	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

DEC 7 1960

FEB 5 1962

**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 J. L. Stevenson  
Licensed Embalmer No. 4073

P. O. Address Stover 7

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.