

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-004660

AMENDED Registration District No. 042 Primary Registration District No. 1000 Registrar's No. 230 STATE FILE NUMBER

FILED VS. MAR 6 1961

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Buchanan	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Joseph,		c. CITY OR TOWN St. Joseph,	
Length of stay in 1b 8yrs		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION D.O.A. Mo. Meth. Hosp.		d. STREET ADDRESS (If outside, give location) 5904 1/2 King Hill	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Jerry Middle Leon Last Ritter	4. DATE OF DEATH Month Feb. Day 25, Year 1961
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5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH May 9, 1951	9. AGE (last birthday) 9	IF UNDER 1 YEAR Months 9 Days 0 Hours 0 Min. 0	IF UNDER 24 HR Hours 0 Min. 0
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Student	10b. KIND OF BUSINESS OR INDUSTRY none	11. BIRTHPLACE (City and state or country) Mt. Home Arkansas	12. CITIZEN OF WHAT COUNTRY U. S. A.
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13a. FATHER'S NAME Eugene Ritter	13b. MOTHER'S MAIDEN NAME Willie Mae Climer	14. NAME OF HUSBAND OR WIFE none
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	16. SOCIAL SECURITY NO. none	17. INFORMANT Willie Mae Matthews, St. Joseph, Mo	Address
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Insurmountable shock + hemorrhage		INTERVAL BETWEEN ONSET AND DEATH 2 hours
DUE TO (b) Accidental 2 rifle bullet wounds in chest		2 hours
DUE TO (c) Breaking ice with gunbutt		2 hours

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Breaking ice with gunbutt	PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" 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.) Breaking ice in creek with rifle butt
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20c. TIME OF INJURY Hour 3:30 p.m. Month, Day, Year 2 25 61	20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) In woods	20e. CITY, TOWN, OR LOCATION Buchanan Mo
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20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) In woods	20f. CITY, TOWN, OR LOCATION Buchanan Mo
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21. I attended the deceased from visited body and last saw him alive on Feb 25-61 Death occurred at 5:20 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE (Degree or title) SE. Melny M.D. coronor	22b. ADDRESS 214 Kirkpatrick Saint Joseph 8, Mo	22c. DATE SIGNED Feb 27-61
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 2/28/61	23c. NAME OF CEMETERY OR CREMATORY Odd Fellows Public Cemetery	23d. LOCATION (City, town, or county) (State) St. Joseph, Mo
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24. FUNERAL DIRECTOR John C. Pepp	ADDRESS St. Joseph, Mo	25. DATE RECD. BY LOCAL REG. Mar. 3, 1961	26. REGISTRAR'S SIGNATURE Mrs. Clark Gardell
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(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

SE. Melny, M.D. MEDICAL CERTIFICATION

STATEMENT BY LICENSED EMBALMER

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

~~by~~ _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

John E. Rapp

Licensed Embalmer No. 3986

P. O. Address St. Joseph

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.