MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-61-029593
STATE FILE NUMBER

AMENDED

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4301

FILED SEP 13 1961

1. PLACE OF DEATH
a. COUNTY: Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Kansas City
Length of stay in 1b: 39 YEARS
c. FULL NAME OF (If NOT in hospital, give address) HOSPITAL OR INSTITUTION: General Hospital
Inside Limits: Yes [X] No [ ]

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: MISSOURI b. COUNTY: JACKSON
c. CITY OR TOWN: KANSAS CITY
Inside Limits: Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location): 2700 SUMMIT STREET
Reside on Farm: Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First: Irene Middle: F. Last: Rittgers
4. DATE OF DEATH: Month 8 Day 26 Year 61
5. SEX: female
6. COLOR OR RACE: White
7. Married [ ] Never Married [ ] Widowed [X] Divorced [ ]
8. DATE OF BIRTH: 12/ /79
9. AGE (last birthday): 81
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): STATISTICIAN
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and state or country): DES MOINES, IOWA
12. CITIZEN OF WHAT COUNTRY: U. S. A.
13a. FATHER'S NAME: ALBERT TAYLOR FRAME
13b. MOTHER'S MAIDEN NAME: ISABELLA STROUP
14. NAME OF HUSBAND OR WIFE: HARRY W. RITTGERS
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service): --
17. INFORMANT: GEORGE A. RITTGERS Address: 4724 EAST 27TH KANSAS 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) Pulmonary congestion, edema
DUE TO (b) Bronchopneumonia
DUE TO (c) CA breast c bony metas; Path. fx. (R) fe.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
INTERVAL BETWEEN ONSET AND DEATH
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 [X] 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 6-24-61 to 8-26-61 and last saw her alive on 8-26-61
Death occurred at 3:40 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Frank Ellis (Degree or title) M.D.
22b. ADDRESS: 2400 Cherry
22c. DATE SIGNED: 8-28-61

23a. BURIAL, CREMATION, REMOVAL (Specify): CREMATION
23b. DATE: AUG. 29. 1961
23c. NAME OF CEMETERY OR CREMATORY: D. W. NEWCOMER'S SONS
23d. LOCATION (City, town, or county) (State): KANSAS CITY MISSOURI

24. FUNERAL DIRECTOR: D. W. NEWCOMER'S SONS
ADDRESS: 1331 BRUSH CR. KANSAS CITY MO.
25. DATE RECD. BY LOCAL REG.: 8-29-61
26. REGISTRAR'S SIGNATURE: Ruth Long
(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED

BY AFFIDAVIT OF DOCUMENT

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was NOT embalmed by me, or by _____, Student Embalmer No._____ working under my personal supervision.

Student_____ Signed_____
Signature of Student Embalmer

Licensed Embalmer No._____

P. O. Address_____

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.