MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-61-030156
STATE FILE NUMBER

Registration District No. 226 Primary Registration District No. 4338 Registrar's No. 29

AMENDED

FILED SEP 12 1961

1. PLACE OF DEATH
a. COUNTY Monroe
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Monroe City
Length of stay in 1b: 41 years
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) 116 East Cleveland St
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo b. COUNTY Monroe
c. CITY OR TOWN Monroe City
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 116 East Cleveland St
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First: Mary Middle: Grace Last: Ritter
4. DATE OF DEATH Month, Day, Year: August 31, 1961
5. SEX: Female
6. COLOR OR RACE: White
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: 3/7/1881
9. AGE (last birthday): 80
IF UNDER 1 YEAR: Months 5 Days 24
IF UNDER 24 HR: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: -----
11. BIRTHPLACE (City and state or country): Cameron Missouri
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: John Rice
13b. MOTHER'S MAIDEN NAME: Mary Ann Kenny
14. NAME OF HUSBAND OR WIFE: Alvis Franklin Ritter
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.: None
17. INFORMANT: Maurice A. Ritter. Address: Monroe 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) Carcinoma of gall bladder with generalized — INTERVAL BETWEEN ONSET AND DEATH:
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) abdominal metatases — 2 months
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 6-30-61, to 7-30-61 and last saw her alive on 7-30-61
Death occurred at 9:45 A.M. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Robert F. Lanning M.D. (Degree or title)
22b. ADDRESS 115 N 5th St. Hannibal, Missouri
22c. DATE SIGNED 9-2-61

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 9/2/1961
23c. NAME OF CEMETERY OR CREMATORY: Holy Rosary Cemetery
23d. LOCATION (City, town, or county) (State): Monroe City Missouri.

24. FUNERAL DIRECTOR: Harold V. Garner Sr. ADDRESS: Monroe City
25. DATE RECD. BY LOCAL REG.: 9-7-61
26. REGISTRAR'S SIGNATURE: Elsie Miller

(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

SEP 13 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 me, or by _____, Student Embalmer No._____ working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed Harvey Dunn Sr.

Licensed Embalmer No. 3720

P. O. Address Monroe City Mo

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.