MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-035349

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

1 0560
2 0535
3
4 0
5 2
6
7 0
8 2
9 151X
10
11
12 91-2
13 1-0

Registration District No. 178 Primary Registration District No. _____ Registrar's No. 86

FILED OCT 9 1962

1. PLACE OF DEATH
a. COUNTY: Lewis
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Salem township — Length of stay in 1b: 5-weeks
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): near Steffenville, Mo — Inside Limits: Yes ☐ No ☒

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

3. NAME OF DECEASED (Type or print): First: Fred — Middle: — Last: Ritter

4. DATE OF DEATH: Month October — Day 2 — Year 1962

5. SEX: male
6. COLOR OR RACE: white
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: 4-19-1880
9. AGE (last birthday): 82 — 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): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Store Keeper
11. BIRTHPLACE (City and state or country): Shelby
12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: Edward Ritter
13b. MOTHER'S MAIDEN NAME: Elizabeth Rufner
14. NAME OF HUSBAND OR WIFE: Lola 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.: unknown
17. INFORMANT: William Ritter, Steffenville, 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): Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 30 Minutes
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Adeno Carcinoma of Stomach — 6 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 Aug 27, 1962 to Oct 2, 1962 and last saw ~~her~~ him alive on Oct 1, 1962
Death occurred at 4:30 pm on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Ralph V. Wimp Do.
22b. ADDRESS: LaBelle, Mo
22c. DATE SIGNED: Oct 3-62

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 10-4-1962
23c. NAME OF CEMETERY OR CREMATORY: Masonic Cemetery
23d. LOCATION (City, town, or county) (State): Shelbyville, Mo.

24. FUNERAL DIRECTOR: Greening — ADDRESS: Shelbyville, Mo.
25. DATE RECD. BY LOCAL REG.: 10-5-'62
26. REGISTRAR'S SIGNATURE: Mrs. Henry Lloyd

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK OR TYPEWRITER RIBBON

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 embalmed by me,

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Charles V. Fleming
Signature of Student Embalmer

Licensed Embalmer No. 4625

P. O. Address Clarence 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.