

Health, X  
Welfare  
Public  
Service

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-038576  
STATE FILE NUMBER

FILED NOV 12 1958

Registration District No. 336 Primary Registration District No. 4423

Registrar's No.

300  
-57

1. PLACE OF DEATH a. COUNTY Shannon		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Shannon	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Birch Tree		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN Birch Tree
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Hy. # 60		Length of stay in lb years	d. STREET ADDRESS (If outside, give location) 1010
3. NAME OF DECEASED (Type or print) First Middle Last Donald Gene Ritchey			4. DATE OF DEATH Month Day Year Oct. 8, 1958
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 Sept. 25, 1941
9. AGE (In years less birthday) 17		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Student	11. BIRTHPLACE (City and state or territory) Licking, Missouri
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Student		10b. KIND OF BUSINESS OR INDUSTRY	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Steve Ritchey		13b. MOTHER'S MAIDEN NAME Katherine Koller	14. NAME OF HUSBAND OR WIFE None
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 Steve Ritchey, Birch Tree, Missouri
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Basal skull fracture			INTERVAL BETWEEN ONSET AND DEATH Sudden
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) One car accident			
DUE TO (c)			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			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.) Thrown free in one car accident	
20c. TIME OF INJURY Hour 10: p.m. Month 10/8/58			
21. INJURY WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21a. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21b. CITY, TOWN, OR LOCATION Between Winona & Birch Tree, U.S.60
21. I attended the deceased from _____, to _____ and last saw her/him alive on _____ Death occurred at 10 home _____ m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE D. F. Wilson (Degree or title) Shannon Co. Coroner		22b. ADDRESS Eminence, Mo.	22c. DATE SIGNED 10/21/58
23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE 10/12/58	23c. NAME OF CEMETERY OR CREMATORY Corinth Cemetery	23d. LOCATION (City, town, or county) (State) Birch Tree, Missouri
24. FUNERAL DIRECTOR Duncan Funeral Home Mttn View, Mo.		25. DATE RECD. BY LOCAL REG. Nov 10, 1958	26. REGISTRAR'S SIGNATURE Mabel Reese

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 *Richard A. Norton* .....

Licensed Embalmer No. *5029* .....

P. O. Address *221 N. 1st St.,* .....

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.