

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

State File No. **27029**

FILED SEP 2 1949

BIRTH NO. **57978-49** REG. DIST. NO. **147** PRIMARY REG. DIST. NO. **1002** Registrar's No. **3596**

48  
 3  
 8

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Kansas</b> b. COUNTY <b>Marshall</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Kansas City</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Home - Marquette</b>	
c. LENGTH OF STAY (in this place) <b>life</b>		d. STREET ADDRESS (If rural, give location) <b>0 X 0</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Research Hospital</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Richard</b> b. (Middle) <b>Steven</b> c. (Last) <b>Ring</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>8-20-1949</b>	
5. SEX <b>male</b>		6. COLOR OR RACE <b>w.</b>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>never married</b>		8. DATE OF BIRTH <b>8-19-1949</b>	
9. AGE (In years last birthday) <b>1</b>		IF UNDER 1 YEAR Months Days	
IF UNDER 1 HR. Hours Min. <b>22hr</b>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>X X</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>X X</b>	
11. BIRTHPLACE (State or foreign country) <b>Kansas City, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>Herbert Joseph Ring Jr</b>		13b. MOTHER'S MAIDEN NAME <b>Carol Yvonne Schwarz</b>	
14. NAME OF HUSBAND OR WIFE <b>--</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES (Yes, no, or unknown) (If yes, give war or dates of service) <b>--</b>		16. SOCIAL SECURITY NO. <b>--</b>	
17. INFORMANT'S SIGNATURE OR NAME <b>Mrs Carol Ring</b>		ADDRESS <b>Home Kans</b>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Crematurity</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.  <b>776X</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <b>8-19-</b> 19 <b>49</b> , to <b>8-20-</b> 19 <b>49</b> that I last saw the deceased alive on _____, 19____, and that death occurred at <b>6:30 am.</b> , from the causes and on the date stated above.			
23a. SIGNATURE <b>Herbert S. Valentine</b> (Print name or title) <b>Herbert S. Valentine M.D.</b>		23b. ADDRESS <b>1103 Grand</b> <b>Marquette Mo</b>	
23c. DATE SIGNED <b>8/20/49</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>aug 20-49</b>	
24c. NAME OF CEMETERY OR CREMATORY <b>Marquell Kans</b>		24d. LOCATION (City, town, or county) (State) <b>Marquell Kans.</b>	
DATE REC'D BY LOCAL REG. <b>8-20-49</b>		REGISTRAR'S SIGNATURE <b>Heraldine Holmes</b>	
25. FUNERAL DIRECTOR'S SIGNATURE <b>J.M. Wagner</b>		ADDRESS <b>K. C. Mo.</b>	

---

---

**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.

Signed Ulvin R. Haenschel

Signed.....  
Student Embalmer

Licensed Embalmer No. 4159

P. O. Address Kansas City

**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 this body is not embalmed, fact should be so stated above.