

FILED JUL 7 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

21145

State File No. \_\_\_\_\_

BIRTH NO. _____		REG. DIST. NO. <u>274</u>		PRIMARY REG. DIST. NO. <u>3052</u>		Registrar's No. <u>215</u>	
1. PLACE OF DEATH a. COUNTY <u>Pettis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Pettis</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Sedalia</u>				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Sedalia</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1501 South Osage</u>				d. STREET ADDRESS (If rural, give location) <u>1501 South Osage</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>LOUISE</u> b. (Middle) <u>CHRISTINA</u> c. (Last) <u>RINGEN</u>				4. DATE OF DEATH (Month) (Day) (Year) <u>June 10, 1950</u>			
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>March 5, 1878</u>	
9. AGE (In years last birthday) <u>72</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>own home</u>		11. BIRTHPLACE (State or foreign country) <u>Florence, Missouri</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>							
13a. FATHER'S NAME <u>William Yost</u>				13b. MOTHER'S MAIDEN NAME <u>Minnie Grose</u>		14. NAME OF HUSBAND OR WIFE <u>Joseph B. Ringen</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO.</u>				16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Joseph B. Ringen</u>	
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) <u>Coronary Embolism.</u>  ANTECEDENT CAUSES Chronic Myocarditis. Arterio- Sclerosis- Advanced. Hypertension- Infected Teeth  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION <u>Medical treatment only.</u>			
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>							
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>None.</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Sedalia, Missouri</u>		21d. HOW DID INJURY OCCUR?	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>None.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>					
22. I hereby certify that I attended the deceased from <u>over 5 yrs</u> , 19 <u>45</u> , to <u>June 10th, 1950</u> , that I last saw the deceased alive on <u>June 10th, 1950</u> , and that death occurred at <u>4:30 P.M.</u> from the causes and on the date stated above.							
23a. SIGNATURE <u>Jno. B. Carlisle, M.D.</u>				23b. ADDRESS <u>Jno. B. Carlisle, M.D. Sedalia, Missouri.</u>		23c. DATE SIGNED <u>6-12-'50.</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>6/12/50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park</u>		24d. LOCATION (City, town, or county) (State) <u>Sedalia, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>6/12/50</u>		REGISTRAR'S SIGNATURE <u>R. J. Campbell</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Edna E. Ewing</u>			
				ADDRESS <u>Sedalia, Mo.</u>			

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

RECEIVED JUN 19  
District Health Officer No. 8,

District File Number

Date Filed 7/6/50

JUL - 7 1950

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  
Student Embalmer

Signed

*P. E. Baker*

Licensed Embalmer No. 2419

P. O. Address Sedalia 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 this body is not embalmed, fact should be so stated above.