S. No. 300
v. 10.48

FILED AUG 15 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 23795

0690
1

BIRTH NO. _____ REG. DIST. NO. 226 PRIMARY REG. DIST. NO. 4338 Registrar's No. 24

1. PLACE OF DEATH
a. COUNTY MONROE
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Monroe City
c. LENGTH OF STAY (in this place) 16 Yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 209-1ST.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE MISSOURI b. COUNTY Monroe
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) MONROE CITY 0690
d. STREET ADDRESS (If rural, give location) 209-1ST 0

3. NAME OF DECEASED (Type or Print) a. (First) DELCENO LO b. (Middle) CATTIE c. (Last) RINGQUIST
4. DATE OF DEATH (Month) (Day) (Year) JULY 12 1951
5. SEX FEMALE
6. COLOR OR RACE WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH APRIL 23 1861
9. AGE (In years last birthday) 90 IF UNDER 1 YEAR Months 2 Days 19 IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE WIFE
10b. KIND OF BUSINESS OR INDUSTRY Own Home
11. BIRTHPLACE (State or foreign country) SHELBY COUNTY MISSOURI
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME WILLIAM H. WOOD
13b. MOTHER'S MAIDEN NAME NANCEY CLARK
14. NAME OF HUSBAND OR WIFE WILLIAM RINGQUIST
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'S SIGNATURE OR NAME Wm Ringquist ADDRESS Monroe City Mo

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) SENILITY — INTERVAL BETWEEN ONSET AND DEATH 5 YEARS

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. ARTERIO-SCLEROSIS — 10 YEARS

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION 4500
20. AUTOPSY? YES ☐ NO ☐

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* JUNE 12, 1926, *to* JULY 12, 1951, *that I last saw the deceased alive on* July 11, 1951, *and that death occurred at* 2450 *m., from the causes and on the date stated above.*

23a. SIGNATURE John H Kibbe (Degree or title) M.D.
23b. ADDRESS Monroe City Mo
23c. DATE SIGNED 7/13/51
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 7-15 1951
24c. NAME OF CEMETERY OR CREMATORY Prairview Cemetery
24d. LOCATION (City, town, or county) SHELBY COUNTY (State) Missouri
DATE REC'D BY LOCAL REG. July 14-1951
REGISTRAR'S SIGNATURE Anna M Burditt 437
25. FUNERAL DIRECTOR'S SIGNATURE WILSON & SON ADDRESS Monroe City Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

NOV 20 1957

Date Received: AUG 11 1951
DISTRICT HEALTH OFFICE #2
District File Number 851-1451
Date Filed: AUG 14 1951

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 me

working under my personal supervision.

Student Embalmer No.....

Signed Leslie L. Wilson

Licensed Embalmer No. 3014

P. O. Address Monroe City Mo

Signed.....
Student Embalmer

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.