

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED NOV 13 1953

State File No.

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

370

BIRTH NO. _____		REG. DIST. NO. <u>118</u>		PRIMARY REG. DIST. NO. <u>5437</u>		Registrar's No. <u>30</u>	
1. PLACE OF DEATH a. COUNTY <u>Gasconade</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Gasconade</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Bourbois Twp.</u>		c. LENGTH OF STAY (In this place) <u>lifetime</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Bourbois Twp.</u>		0370 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Cuba, Mo. Rt.</u>				d. STREET ADDRESS (If rural, give location) <u>Cuba, Mo. Rt.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Eliza</u> b. (Middle) <u>Katherine</u> c. (Last) <u>Ringeisen</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 5, 1953</u>				
5. SEX <u>female</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>		8. DATE OF BIRTH <u>Jan. 25, 1867</u>	
9. AGE (In years last birthday) <u>86</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housework</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>own home</u>		11. BIRTHPLACE (State or foreign country) <u>Cuba, Mo. Rt. 0</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>Frank Garner</u>		13b. MOTHER'S MAIDEN NAME <u>Emily Lockheart</u>		14. NAME OF HUSBAND OR WIFE <u>Adam Ringeisen, Sr.</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>Pena Ringeisen</u> ADDRESS <u>Cuba, Mo.</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, ashenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute coronary thrombosis</u>				INTERVAL BETWEEN ONSET AND DEATH <u>6 hrs.</u>			
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic myocardial degeneration 5 yrs.</u>							
DUE TO (c) <u>Advanced arteriosclerosis 5 yrs.</u>							
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>None</u>							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4201</u>				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)		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 <u>11-5, 1953</u> to <u>11-5, 1953</u> , that I last saw the deceased alive on <u>11-5, 1953</u> and that death occurred at <u>5:45 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Pena Ringeisen, M.D.</u>				23b. ADDRESS <u>Owensville, Mo.</u>		23c. DATE SIGNED <u>11-6-53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>11-8-1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>E & R Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Bem. Mo.</u>	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <u>November 9, 1953</u>		REGISTRAR'S SIGNATURE <u>Mrs. Maurine Jappney</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>H. H. Winters</u>		ADDRESS <u>Owensville</u>	

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*

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

Margard H. H. Winter

Licensed Embalmer No. 3838

P. O. Address OWENSVILLE

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.