

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

15509

State File No. _____

FILED MAY 22 1956

BIRTH NO. _____ REG. DIST. NO. 15 PRIMARY REG. DIST. NO. 5074 Registrar's No. 37

1. PLACE OF DEATH a. COUNTY <i>Barton</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>Missouri</i> b. COUNTY <i>Cedar 0200</i>	
b. CITY (If outside corporate limits, write RURAL and give townships) OR TOWN <i>Rural, Unton, twp.</i>		c. CITY OR TOWN <i>El Dorado Springs</i>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/> <i>1</i>
c. LENGTH OF STAY (in this place) <i>2 weeks</i>		e. STREET ADDRESS (If rural, give location) <i>First Street</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>Rural Irwin</i>			

3. NAME OF DECEASED (Type or Print) a. (First) <i>Emma</i> b. (Middle) <i>Floud</i> c. (Last) <i>Ring</i>			4. DATE OF DEATH (Month) (Day) (Year) <i>April 24, 1956</i>		
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Widowed 2</i>	8. DATE OF BIRTH <i>Oct. 29, 1888</i>	9. AGE (In years last birthday) <i>67</i>	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>		10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (City and State or Foreign Country) <i>Fair Play, Mo.</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>

13a. FATHER'S NAME <i>William Tindle</i>	13b. MOTHER'S MAIDEN NAME <i>Anno Matlock</i>	14. NAME OF HUSBAND OR WIFE <i>Deceased</i>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <i>No</i>	16. SOCIAL SECURITY NO. <i>None</i>	17. INFORMANT'S SIGNATURE OR NAME <i>John Ring, R.F.D. Irwin, Missouri</i>	ADDRESS _____
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Bright's Disease</i>		INTERVAL BETWEEN ONSET AND DEATH <i>6 mo</i>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Primary pneumonia</i>		
	DUE TO (c) _____		
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 <i>591x</i>	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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) _____
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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? _____
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22. I hereby certify that I attended the deceased from *March 14, 1956*, to *April 2, 1956*, that I last saw the deceased alive on *3 1/2 April 56*, and that death occurred at *3:30* m., from the causes and on the date stated above.

23a. SIGNATURE <i>[Signature]</i> (Degree or title) _____	23b. ADDRESS <i>Fair Play, Mo.</i>	23c. DATE SIGNED <i>4-26-56</i>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24b. DATE <i>4-27-56</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Stockton Cemetery</i>	24d. LOCATION (City, town, or county) (State) <i>Stockton, Missouri</i>
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DATE REC'D BY LOCAL REG. <i>MAY 14 1956</i>	REGISTRAR'S SIGNATURE <i>[Signature]</i>	25. EMERALD DIRECTOR'S SIGNATURE <i>[Signature]</i>	ADDRESS <i>Eldorado Sp Mo</i>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 *Lloyd E. Crother*.....

Licensed Embalmer No. *44*.....

P. O. Address *El Dorado*.....

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.