Health, Welfare Public Service

300 -57 0

FILED APR 14 1959

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-008508
STATE FILE NUMBER

Registration District No. 042 Primary Registration District No. 1000 Registrar's No. 349

1. PLACE OF DEATH a. COUNTY Buchanan	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Buchanan
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) St. Joseph — Inside Limits Yes [X] No [ ]	c. CITY OR TOWN St. Joseph 0117 — Inside Limits Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) St. Joseph's Hosp. — Length of stay in 1b 60 Yrs	d. STREET ADDRESS (If outside, give location) 4205 St. Joseph Ave. — Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print) First LOUIE Middle Last RINGEL		4. DATE OF DEATH Month Day Year April 4, 1959	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]	8. DATE OF BIRTH August 9, 1890
9. AGE (In years last birthday) 68	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Mch. Operator (Ret.)	10b. KIND OF BUSINESS OR INDUSTRY Eli Walker Mfg.	11. BIRTHPLACE (City and state or country) Salem, Indiana	12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME John Johnson	13b. MOTHER'S MAIDEN NAME Martha Nowland	14. NAME OF HUSBAND OR WIFE Adolph Ringel	
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. 498-24-7311A	17. INFORMANT Adolph Ringel	Address 4205 St. Joseph Ave. City

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Congestive Heart Failure

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) Arteriosclerotic Heart & kidney disease

DUE TO (c) Small sclerotic kidneys, Extreme hypertension

INTERVAL BETWEEN ONSET AND DEATH: 3 to 6 Episode in 3 months period

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 442X

19. WAS AUTOPSY PERFORMED? YES [X] NO [ ]

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from Jan 8, 1948, to April 4, 1959 and last saw her/him alive on April 4, 1959. Death occurred at 2:20 A m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) S. P. Senor M.D.	22b. ADDRESS St. Joseph Mo	22c. DATE SIGNED 4-4-59
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Apr. 7, 1959	23c. NAME OF CEMETERY OR CREMATORY Mt. Olivet Cemetery
23d. LOCATION (City, town, or county) (State) St. Joseph, Mo.		
24. FUNERAL DIRECTOR H. O. Sidenfaden & Son R.R.4.	ADDRESS St Joseph, Mo.	25. DATE RECD. BY LOCAL REG. April 6, 1959
26. REGISTRAR'S SIGNATURE Mrs. Clark Goodell		

(Licensed Embalmer's Statement on Reverse Side)

All diseases in Part I must be causally related.

Dr. S. E. Senor

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 Robert L. Yaple

Licensed Embalmer No. 3308

P. O. Address St. Joseph, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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