

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER **61-002392**

Registration District No. 251 Primary Registration District No. 3048 Registrar's No. 32

AMENDED

FILED VS FEB 14 1961

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

| | | | |
|---|--------------------------------------|---|--|
| 1. PLACE OF DEATH a. COUNTY Nodaway | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Nodaway | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Maryville | Length of stay in 1b 6 mo. | c. CITY OR TOWN Hopkins | Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 415 West 4th | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | d. STREET ADDRESS (If outside, give location) Hopkins, Missouri |

| | | | | |
|--|----------------------------------|---|--|---|
| 3. NAME OF DECEASED (Type or print) First Middle Last ASA A. RINGOLD | | | 4. DATE OF DEATH Month Day Year 2 6 61 | |
| 5. SEX Male | 6. COLOR OR RACE White | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH 4/1/70 | 9. AGE (last birthday) 90 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer - retired | | 10b. KIND OF BUSINESS OR INDUSTRY Own account | 11. BIRTHPLACE (City and state or country) Hopkins, Missouri | 12. CITIZEN OF WHAT COUNTRY USA |
| 13a. FATHER'S NAME John W. Ringold | | 13b. MOTHER'S MAIDEN NAME Susan Nancy Gray | 14. NAME OF HUSBAND OR WIFE Bertha Wood Ringold | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no | | 16. SOCIAL SECURITY NO. none | 17. INFORMANT Address Mrs. Raymond-W. Arthur, Maryville, Mo | |

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Arteriosclerotic encephalopathy

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) hypothy and senility

DUE TO (c) _____

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

PART III. If deceased was female was there a pregnancy in last 90 days. Yes No Unknown

| | | |
|---|---|--|
| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | 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 <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | |
| 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 7-59 to 2/6/61 and last saw him alive on 2-6-61
Death occurred at 10:10 P. m on the date stated above, and to the best of my knowledge, from the causes stated.

| | | |
|---|---|--|
| 22a. SIGNATURE (Degree or title) <u>H. C. Beerman M. D.</u> | 22b. ADDRESS <u>Maryville, Mo.</u> | 22c. DATE SIGNED <u>2/7/61</u> |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u> | 23b. DATE <u>2/9/61</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>Hopkins</u> |
| 24. FUNERAL DIRECTOR <u>Price Funeral Home, Maryville, Mo.</u> | 25. DATE RECD. BY LOCAL REG. <u>2-7 61</u> | 26. REGISTRAR'S SIGNATURE <u>Bess Bolt</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 Patrick S. Price, Student Embalmer No. 621

working under my personal supervision.
Student Patrick S. Price
Signature of Student Embalmer

Signed John W. Price

Licensed Embalmer No. 4281
P. O. Address Maryville 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.