

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **33165**

FILED OCT 28 1949

BIRTH NO. _____		REG. DIST. NO. <u>43</u>		PRIMARY REG. DIST. NO. <u>3007</u>		Registrar's No. <u>387</u>	
1. PLACE OF DEATH a. COUNTY Butler b. CITY (If outside corporate limits, write RURAL and give OR TOWN Poplar Bluff) c. LENGTH OF STAY (in this place) <u>1</u> d. FULL NAME OF HOSPITAL OR INSTITUTION Doctor's Hospital				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Stoddard c. CITY (If outside corporate limits, write RURAL and give township) Dexter d. STREET ADDRESS (If rural, give location) No. Walnut			
3. NAME OF DECEASED a. (First) William b. (Middle) Nelson c. (Last) Ringer			4. DATE OF DEATH Oct. 15, 1949				
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, Married (Specify)	8. DATE OF BIRTH Aug. 18, 1879	9. AGE (In years last birthday) 70	IF UNDER 1 YEAR Months 1 Days 27	IF UNDER 24 Hrs. Hours Min. 	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Merchant		10b. KIND OF BUSINESS OR INDUSTRY Hdw. & Lbr.		11. BIRTHPLACE (State or foreign country) Dexter, Mo.		12. CITIZEN OF WHAT COUNTRY? U. S.	
13a. FATHER'S NAME Wm. N. Ringer		13b. MOTHER'S MAIDEN NAME Mary C. Rogers		14. NAME OF HUSBAND OR WIFE Nora Frances Ringer			
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. 499-30-8058	17. INFORMANT'S SIGNATURE OR NAME John Ringer, Dexter, Mo. ADDRESS				
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) Cerebral hemorrhage ANTECEDENT CAUSES Hypertension Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS --- Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH 10/9/49 7 331X	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				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>10/9</u> , 19 <u>49</u> , to <u>10/18</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>10/18</u> , and that death occurred at <u>4:45</u> Am., from the causes and on the date stated above.							
23a. SIGNATURE J. Strickland Rainey (Degree or title)				23b. ADDRESS Poplar Bluff Mo.		23c. DATE SIGNED 10/21/49	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 10-17-49	24c. NAME OF CEMETERY OR CREMATORY Dexter		24d. LOCATION (City, town, or county) (State) Dexter, Mo.			
DATE REC'D BY LOCAL REG. Oct 21-1949		REGISTRAR'S SIGNATURE Wm. Johnson <u>428</u> <u>0</u>		25. FUNERAL DIRECTOR'S SIGNATURE Strickland-Rainey ADDRESS Dexter, Mo.			

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

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3

OCT 26 RECD

1049-320

MAY 23 1950

BUTLER COUNTY HEALTH CENTER
POPLAR BLUFF, MISSOURI

AUG 15 1950

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 _____
Student Embalmer

Signed _____

J. E. Stuart

Licensed Embalmer No. 34179

P. O. Address Wentz, 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 this body is not embalmed, fact should be so stated above.