

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

587

State File No. ....

FILED JAN 30 1950

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 75 PRIMARY REG. DIST. NO. 3015 Registrar's No. 10

1. PLACE OF DEATH a. COUNTY <u>CLINTON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>CLINTON</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>CAMERON</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>CAMERON</u>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <u>519 W 3rd St.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>519 W 3rd St.</u>			

3. NAME OF DECEASED (Type or Print) <u>SARAH FRANCES RINGHAUSEN</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>1 - 20 1950</u>		
a. (First)		b. (Middle)	c. (Last)		

5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Mar 21 - 1880</u>	9. AGE (In years last birthday) <u>69</u>	IF UNDER 1 YEAR Months   Days	IF UNDER 24 HRS. Hours   Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Housekeeping</u>	11. BIRTHPLACE (State or foreign country) <u>Albany Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Edwin C Sellers</u>	13b. MOTHER'S MAIDEN NAME <u>Victoria Madden</u>	14. NAME OF HUSBAND OR WIFE <u>W.H. Ringhausen</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. <u>No</u>	17. INFORMANT'S SIGNATURE OR NAME <u>W.H. Ringhausen</u>	ADDRESS <u>Cameron</u>
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>4 1/2 hrs.</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>cardiovascular failure</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Loosening of breast</u> DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>170X</u>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 Apr 5<sup>th</sup>, 1949, to Jan 20<sup>th</sup>, 1950, that I last saw the deceased alive on Jan 19<sup>th</sup>, 1950, and that death occurred at 2:00 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>St. J. P. Riley M.D.</u> (Degree or title)	23b. ADDRESS <u>Cameron Mo</u>	23c. DATE SIGNED <u>Jan 21<sup>st</sup> 1950</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>1-22-50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Graceland cem.</u>	24d. LOCATION (City, town, or county) (State) <u>Cameron Mo</u>
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DATE REC'D BY LOCAL REG. <u>1-21-50</u>	REGISTRAR'S SIGNATURE <u>Wmford W. Moran</u> 390	25. FUNERAL DIRECTOR'S SIGNATURE <u>Poland Funeral Home</u>	ADDRESS <u>Cameron</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

0251

0251

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MAR 6 1963



**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 \_\_\_\_\_

Robert F. Poland

Student Embalmer No. 318

working under my personal supervision.

Signed Robert F. Poland  
Student Embalmer

Signed George J. Hamrell  
Licensed Embalmer No. 4425

P. O. Address 224 West 21st

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.

Cameron, Missouri