

FILED MAY 20 1954

STANDARD CERTIFICATE OF DEATH

State File No. 15234

BIRTH NO. _____		REG. DIST. NO. 66		PRIMARY REG. DIST. NO. 5257		Registrar's No. _____			
1. PLACE OF DEATH a. COUNTY Chariton				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY Chariton					
b. CITY (If outside corporate limits, write RURAL and give town) Mendon-Rural Yellow Creek Twp		c. LENGTH OF STAY (In this place) Wt		c. CITY OR TOWN Mendon		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION _____				f. STREET ADDRESS (If rural, give location) Yellow Creek Twp. 0210					
3. NAME OF DECEASED (Type or Print) a. (First) Fred		b. (Middle) C.		c. (Last) Ring		4. DATE OF DEATH (Month) (Day) (Year) 5 23-54			
5. SEX M.		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never		8. DATE OF BIRTH July 31-1883			
9. AGE (In years last birthday) 70		IF UNDER 1 YEAR (Months) 10		IF UNDER 11 HRS. (Hours) 8		IF UNDER 15 MIN. (Min.) _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER		10b. KIND OF BUSINESS OR INDUSTRY FARM WORK		11. BIRTHPLACE (City and State or Foreign Country) CATHISKE IOWA		12. CITIZEN OF WHAT COUNTRY? USA.			
13a. FATHER'S NAME CHAS. Ring		13b. MOTHER'S MAIDEN NAME MARY Grundy		14. NAME OF HUSBAND OR WIFE Single					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. no		17. INFORMANT'S SIGNATURE OR NAME Mrs Tom Myers		ADDRESS Mendon MO			
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, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis 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 Immediate years	
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) Mendon Chariton, Mo.					
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? 4201					
22. I hereby certify that I attended the deceased from May 20, 1954 , to May 23, 1954 , that I last saw the deceased alive on May 22, 1954 , and that death occurred at 3:00 p.m. , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) Dr W H Payne				23b. ADDRESS D.O. Mendon Mo		23c. DATE SIGNED 5-25-54			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 5/25/54		24c. NAME OF CEMETERY OR CREMATORY Mendon		24d. LOCATION (City, town, or county) (State) Mendon Mo			
DATE REC'D BY LOCAL REG. _____		REGISTRAR'S SIGNATURE Maud Wright		25. FUNERAL DIRECTOR'S SIGNATURE S. L. Shepard		ADDRESS Mendon, Mo.			

(Licensed Embalmer's Statement on Reverse Side)

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 emb

by me, ~~embalmer~~, Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *J. A. Leiper*.....

Licensed Embalmer No. *39*.....

P. O. Address *Mendon*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F 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.