

FILED JUN 23 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **19574**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 385 PRIMARY REG. DIST. NO. 3037 Registrar's No. 46

**I. PLACE OF DEATH**  
 a. COUNTY Linn  
 b. CITY (If outside corporate limits, write RURAL and give township) Marceline  
 c. LENGTH OF STAY (In this place) 1 day  
 c. CITY OR TOWN Mendon  
 d. FULL NAME OF HOSPITAL OR INSTITUTION St. Francis Hospital  
 e. STREET ADDRESS (If rural, give location) Yellow Creek Twp - Mo. 0210

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission)  
 a. STATE Missouri b. COUNTY Chariton  
 d. Is residence within limits of a city or incorporated town? Yes  No

**3. NAME OF DECEASED**  
 a. (First) William Edward b. (Middle) Ring c. (Last) Ring  
 4. DATE OF DEATH (Month) (Day) (Year) June 4 1954

**5. SEX** M **6. COLOR OR RACE** W **7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)** Never Married  
**8. DATE OF BIRTH** Aug 18, 1880 **9. AGE** (In years last birthday) 73 IF UNDER 1 YEAR Months 9 Days 16 IF UNDER 24 HRS. Hours 16 Min.

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired) Farmer **10b. KIND OF BUSINESS OR INDUSTRY** \_\_\_\_\_  
**11. BIRTHPLACE** (City and State or Foreign Country) Missouri **12. CITIZEN OF WHAT COUNTRY** U.S.A.

**13a. FATHER'S NAME** Charles Ring **13b. MOTHER'S MAIDEN NAME** Mary E. Gundy **14. NAME OF HUSBAND OR WIFE** None

**15. WAS DECEASED EVER IN U. S. ARMY FORCES?** (Yes, no, or unknown) (If yes, give war or dates of service) No **16. SOCIAL SECURITY NO.** None **17. INFORMANT'S SIGNATURE OR NAME** Mrs. Clara Myers, Mendon, Mo. **ADDRESS** \_\_\_\_\_

**18. CAUSE OF DEATH**  
 Enter only one cause per line for (a), (b), and (c)  
 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH: (a) CEREBRAL HEMORRHAGE **INTERVAL BETWEEN ONSET AND DEATH** 4 HOURS  
 ANTECEDENT CAUSES ADVANCED ARTERIOSCLEROSIS UNK.  
 Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  
 DUE TO (b) \_\_\_\_\_  
 DUE TO (c) \_\_\_\_\_  
 II. OTHER SIGNIFICANT CONDITIONS  
 Conditions contributing to the death but not related to the disease or condition causing death.

**19a. DATE OF OPERATION** \_\_\_\_\_ **19b. MAJOR FINDINGS OF OPERATION** \_\_\_\_\_ **20. AUTOPSY?** YES  NO

**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**  **NOT WHILE AT WORK**  **21f. HOW DID INJURY OCCUR?** \_\_\_\_\_

**22. I hereby certify that I attended the deceased from** JUNE 4, 1954 to JUNE 4, 1954, that I last saw the deceased alive on JUNE 4, 1954, and that death occurred at 9:30 m., from the causes and on the date stated above.

**23a. SIGNATURE** (Degree or title) Paul T. Berry MD **23b. ADDRESS** Marceline Mo **23c. DATE SIGNED** 6-4-54

**24a. BURIAL, CREMATION, REMOVAL (Specify)** Burial **24b. DATE** 6-6-54 **24c. NAME OF CEMETERY OR CREMATORY** Mendon Cem. **24d. LOCATION** (City, town, or county) (State) Mendon, Mo.

**DATE REC'D BY LOCAL REG.** 6-5-54 **REGISTRAR'S SIGNATURE** Mary J. Redgway **401** **25. FUNERAL DIRECTOR'S SIGNATURE** J. L. Keppard **ADDRESS** Mendon MO

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 embalmed by me, or by....., Student Embalmer No..... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *S. L. Keiser*.....

Licensed Embalmer No. *397*

P. O. Address *Mendo*.....

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.