

# STANDARD CERTIFICATE OF DEATH

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1009 Registrar's No. \_\_\_\_\_

<b>1. PLACE OF DEATH</b> a. COUNTY <u>Jackson</u>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution; residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY OR TOWN <u>Kansas City</u>	c. LENGTH OF STAY (in this place) <u>60 yrs</u>	c. CITY OR TOWN <u>Kansas City</u>	d. Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>103 South Jackson</u>		e. STREET ADDRESS (If rural, give location) <u>103 South Jackson</u>	

<b>3. NAME OF DECEASED</b> (Type or Print) a. (First) <u>LAURA</u> b. (Middle) <u>CLEMENTS</u> c. (Last) <u>RINGO</u>			<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <u>July-4-1954</u>		
<b>5. SEX</b> <u>Female</u>	<b>6. COLOR OR RACE</b> <u>White</u>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <u>Widowed</u>	<b>8. DATE OF BIRTH</b> <u>Feb. 14-1862</u>		<b>9. AGE</b> (In years last birthday) <u>92</u>
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <u>at Home</u>	<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <u>Nashville, Tenn.</u>		<b>12. CITIZEN OF WHAT COUNTRY?</b> <u>U.S.A.</u>

<b>13a. FATHER'S NAME</b> <u>John Jones</u>		<b>13b. MOTHER'S MAIDEN NAME</b> <u>Brace Calhoun</u>		<b>14. NAME OF HUSBAND OR WIFE</b> <u>Ned Ringo</u>	
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)		<b>16. SOCIAL SECURITY NO.</b> _____	<b>17. INFORMANT'S SIGNATURE OR NAME</b> <u>Frank Ringo</u> ADDRESS <u>103 S. Jackson</u>		

<b>18. CAUSE OF DEATH</b> 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.	<b>1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <u>Cerebral thrombosis</u>		<b>INTERVAL BETWEEN ONSET AND DEATH</b> <u>4 1/2 hrs</u>
	<b>ANTECEDENT CAUSES</b> Morbid conditions, if any, giving rise to the above cause (a), stating the underlying cause last. DUE TO (b) <u>arteriosclerosis</u>		
	<b>11. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death.		

<b>19a. DATE OF OPERATION</b>	<b>19b. MAJOR FINDINGS OF OPERATION</b>	<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b>
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour)	<b>21e. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b>

**22. I hereby certify that I attended the deceased from Jan, 1950, to 4 July, 1954, that I last saw the deceased alive on 4 July, 1954, and that death occurred at 1:15 a.m., from the causes and on the date stated above.**

<b>23a. SIGNATURE</b> <u>J. Sheldon</u> (Degree or title) <u>M.D.</u>	<b>23b. ADDRESS</b> <u>2501 Millham Rd.</u>	<b>23c. DATE SIGNED</b> <u>5 July 54</u>
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<b>24a. BURIAL CEMETERY REMOVAL</b> <u>Removal</u>	<b>24b. DATE</b> <u>July-6-1954</u>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <u>Highland Cemetery</u>	<b>24d. LOCATION</b> (City, town, or county) (State) <u>Ottawa, Kansas</u>
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<b>DATE REC'D BY LOCAL REG.</b> <u>7-5-54</u>	<b>REGISTRAR'S SIGNATURE</b> <u>Thereldine Smith</u>	<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <u>C.N. Blackmon</u>	<b>ADDRESS</b> <u>son 7mc.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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..... *Bert B. Bennett*

Licensed Embalmer No. *465*

P. O. Address *H. Amasa*

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.