

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **5496**

No. 300  
10-48

FILED MAR 7 1955

Haley

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 184 PRIMARY REG. DIST. NO. 3038 Registrar's No. 487

582

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

1. PLACE OF DEATH a. COUNTY <u>Lincoln</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Lincoln</u>	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Brookfield</u>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Brookfield</u> <u>0582</u>	
c. LENGTH OF STAY (in this place) <u>4 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>615 Elliott</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>615 Elliott</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>ROBERT HARRISON</u> b. (Middle) <u>RINGLAND</u> c. (Last) <u>RINGLAND</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Mar-2-1955</u>		
5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>M</u>	
8. DATE OF BIRTH <u>May-5-1868</u>		9. AGE (In years last birthday) <u>86</u>		IF UNDER 1 YEAR: Months <u>9</u> Days <u>27</u>	
10a. USUAL OCCUPATION (Give kind of work done during part of working life, even if retired) <u>Retired farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>Forrest City Ill</u>	
12. CITIZEN OF WHAT COUNTRY <u>U.S.A</u>					

13a. FATHER'S NAME <u>Thos Ringland</u>		13b. MOTHER'S MAIDEN NAME <u>Amelia C. Beale</u>		13c. NAME OF HUSBAND OR WIFE <u>Effie Ringland</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <u>Effie Ringland</u> ADDRESS <u>Brookfield Mo</u>	

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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>General Arterio sclerosis</u>			INTERVAL BETWEEN ONSET AND DEATH <u>15 yr</u>
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Gangrene of left Great toe.</u> DUE TO (c) <u>Arthritis Rheiformis (Osteo arthritis)</u>			<u>3 wks</u>
		II. OTHER SIGNIFICANT CONDITIONS - Conditions contributing to the death but not related to the disease or condition causing death.			<u>25 yr.</u>

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) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR	

22. I hereby certify that I attended the deceased from Jan 1, 1955, to Mar 2, 1955, that I last saw the deceased alive on Mar 2, 1955 and that death occurred at 5:45 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Roy R Haley</u> (Degree or title) <u>M.D.</u>		23b. ADDRESS <u>Brookfield Mo</u>		23c. DATE SIGNED <u>3/3/55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>3/4-55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Rose Hill Cem</u>	
24d. LOCATION (City, town, or county) (State) <u>Brookfield Mo</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>W. Blacklock</u>		ADDRESS <u>Brookfield Mo</u>	
DATE REC'D BY LOCAL REG. <u>3-3-55</u>		REGISTRAR'S SIGNATURE <u>Madina Stambach</u>			

**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. H. Blacklock*

Licensed Embalmer No.

*2246*

P. O. Address

*Brookfield 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.