

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-023026

STATE FILE NUMBER

FILED JUL 10 1958

Registration District No. 316

Primary Registration District No. 3059

Registrar's No. 233

300  
-57

1. PLACE OF DEATH a. COUNTY <b>St. Francois</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before a. STATE <b>Missouri</b> b. COUNTY <b>St. Francois</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR <b>Bonne Terre</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR <b>Bonne Terre</b>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR <b>129 Mound St.</b>		Length of stay in lb <b>25 yrs.</b>	d. STREET ADDRESS (If outside, give location) <b>129 Mound St.</b>
3. NAME OF DECEASED (Type or print) First Middle Last <b>ALBERT MARSHALL RINGER</b>			4. DATE OF DEATH Month Day Year <b>June 18, 1958</b>
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> <b>3</b> DIVORCED <input checked="" type="checkbox"/>	8. DATE OF BIRTH <b>March 30 1907 51</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Carpenter</b>		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) Months Days Hours Min. <b>0</b>
11. BIRTHPLACE (City and state or country) <b>Bonne Terre, Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>Wilburn Ringer</b>		13b. MOTHER'S MAIDEN NAME <b>Annie Benham</b>	
14. NAME OF HUSBAND OR WIFE <b>Mrs. Geneva Green Overland, Mo.</b>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, name unknown) (If yes, give war or dates of service) <b>NO</b>	
16. SOCIAL SECURITY NO.		17. INFORMANT Address <b>4200</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Arteriosclerotic heart disease</b>			INTERVAL BETWEEN ONSET AND DEATH <b>sev. years</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <b>2</b>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.			
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE
21. I attended the deceased from <b>Oct., 1957</b> to <b>June 18, 1958</b> and last saw <sup>her</sup> him alive on <b>June 18, 1958</b> Death occurred at <b>11:30 A</b> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>Jack W. Miller M.D.</i>		22b. ADDRESS <b>Bonne Terre, Mo.</b>	
22c. DATE SIGNED <b>6/20/58</b>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>June 21 1958</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Germania Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>Bonne Terre, Mo.</b>
24. FUNERAL DIRECTOR <b>BOYER &amp; SON Bonne Terre, Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>June 20, 1958</b>	26. REGISTRAR'S SIGNATURE <i>Ether Rudloff</i>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

JUL 30 1958

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 B. T. Boyer

Licensed Embalmer No. 366  
P. O. Address Leeslope, N.J.

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.