

SSOUR DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

AMENDED Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **5621** **-61-023092** STATE FILE NUMBER

FILED JUN 26 1961

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Illinois b. COUNTY Madison	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Length of stay in 1b 2 days	c. CITY OR TOWN Granite City
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Louis-Little Rock Hospital, Inc.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS 2000 Lee Ave (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First James Middle Harvey Last Ringer			4. DATE OF DEATH Month June Day 13 Year 1961		
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 1-25-1906	9. AGE (last birthday) 55	IF UNDER 1 YEAR Months <input type="checkbox"/> Days <input type="checkbox"/> Hours <input type="checkbox"/> Min. <input type="checkbox"/>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Loco Engineer		10b. KIND OF BUSINESS OR INDUSTRY Railroad		11. BIRTHPLACE (City and state or country) Leadwood, Mo.	12. CITIZEN OF WHAT COUNTRY U.S.
13a. FATHER'S NAME William Ringer		13b. MOTHER'S MAIDEN NAME (Unknown) Dolling		14. NAME OF HUSBAND OR WIFE Opal	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO.		17. INFORMANT Opal Ringer, 2000 Lee Ave., Gr. City, Ill.	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pneumonia, bilateral			INTERVAL BETWEEN ONSET AND DEATH Several months
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			600.0

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Ureter bladder surgery		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	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 _____ a.m. _____ p.m. Month, Day, Year _____	20d. INJURY OCCURRED WHILE AT WORK <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	20g. COUNTY STATE

21. I attended the deceased from **June 11, 1961** to **June 13, 1961** and last saw him alive on **June 13, 1961**
Death occurred at _____ **2:40 P** m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <i>Paul S. Adams</i> (Degree or title) M.D.	22b. ADDRESS 1755 S. Grand Blvd.	22c. DATE SIGNED 6-14-61
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23a. BURIAL, CREMATION, REMOVAL (Specify) 6/14/61	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY Salem Evangelical Cemetery	23d. LOCATION (City, town, or county) (State) Alhambra, Ill.
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24. FUNERAL DIRECTOR Burgett Funeral Home, Livingston, Ill.	25. DATE RECD. BY LOCAL REG. JUN 15 1961	26. REGISTRAR'S SIGNATURE <i>Paul Smith, M.D.</i>
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DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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 Elmo R. Cadwell

Licensed Embalmer No. 4077

P. O. Address So Loring, N.H.

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.