S. No. 300
V. 10-48

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

FILED JAN 22 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 3865

BIRTH NO. _____ REG. DIST. NO. 362 PRIMARY REG. DIST. NO. 6233 Registrar's No. 2

1. PLACE OF DEATH
a. COUNTY: Warren
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Warrenton Camp Branch Twp
c. LENGTH OF STAY (in this place): 5 weeks
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): /

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Audrain
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Vandalia
d. STREET ADDRESS (If rural, give location): /

3. NAME OF DECEASED (Type or Print)
a. (First): Mayme
b. (Middle): Agnes
c. (Last): Riney

4. DATE OF DEATH (Month) (Day) (Year): Jan 13 1949

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Jan 29 1869
9. AGE (In years last birthday): 79 — IF UNDER 1 YEAR: Months 11, Days 14 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House wife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Pike County Missouri
12. CITIZEN OF WHAT COUNTRY?:

13a. FATHER'S NAME: A. B. Glascock
13b. MOTHER'S MAIDEN NAME: Rebecca Shipp
14. NAME OF HUSBAND OR WIFE: R. P. Riney

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 491-14-9332
17. INFORMANT'S SIGNATURE OR NAME: Guy Riney — ADDRESS: Fulton Missouri

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, asthenia, etc. It means the disease, injury, or complication which caused death.

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MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Uremia — INTERVAL BETWEEN ONSET AND DEATH: 26 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Chronic Myocarditis — Several years
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) m.:
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* Dec. 15, 1948, *to* Jan 13, 1949, *that I last saw the deceased alive on* Jan. 11, 1949, *and that death occurred at* 6:00 P.M., *from the causes and on the date stated above.*

23a. SIGNATURE: A. N. MacRae — (Degree or title): D.O.
23b. ADDRESS: Warrenton, Mo.
23c. DATE SIGNED: 1/15/49

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Jan 16 1949
24c. NAME OF CEMETERY OR CREMATORY: Vandalia Cemetery
24d. LOCATION (City, town, or county) (State): Vandalia Missouri

DATE REC'D BY LOCAL REG.: 1-15-49
REGISTRAR'S SIGNATURE: Floyd Logan #21
25. FUNERAL DIRECTOR'S SIGNATURE: W S Waters — ADDRESS: Vandalia Mo

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9
District File Number
Date Filed JAN 21 1949

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.

Signed William B. Waters

Signed _____
Student Embalmer

Licensed Embalmer No. 4169

P. O. Address Vandalia 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.