

No. 300
10.48

FILED OCT 26 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 34257

54
1

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

BIRTH NO. _____ REG. DIST. NO. 173 PRIMARY REG. DIST. NO. 3034 Registrar's No. 84

1. PLACE OF DEATH a. COUNTY <u>Lafayette</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Kansas</u> b. COUNTY <u>Sedgewick</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Higginsville, Mo.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Wichita</u>	
c. LENGTH OF STAY (in this place) <u>1 day</u>		d. STREET ADDRESS (If rural, give location) <u>1716 Maple</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Fred</u> b. (Middle) <u>E.</u> c. (Last) <u>Riner</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Oct 16 1949</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Feb 28th 1877</u>
9. AGE (In years last birthday) <u>72</u>		10. MONTHS <u>7</u>	11. DAYS <u>16</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Railroad Employee</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Retired</u>	11. BIRTHPLACE (State or foreign country) <u>Kirkwood, Ill</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>Milton Riner</u>	
13b. MOTHER'S MAIDEN NAME <u>Fannie Worden</u>		14. NAME OF HUSBAND OR WIFE <u>Arminta Riner</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>Arminta Riner - Wichita, Kansas.</u>		ADDRESS _____	
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary occlusion</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
INTERVAL BETWEEN ONSET AND DEATH <u>4 20/1</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____	
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) _____	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____	
22. I hereby certify that I attended the deceased from <u>on</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>Oct 16</u> , 19 <u>49</u> , and that death occurred at <u>1:30</u> p.m., from the causes and on the date stated above.			
23. SIGNATURE <u>[Signature]</u> (Degree or title) <u>Acting coroner</u>		23b. ADDRESS <u>Higginsville, Mo</u>	
23c. DATE SIGNED <u>10/16/1949</u>		24. LOCATION (City, town, or county) (State) <u>Wichita Kansas</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>Oct 16th 1949</u>	
24c. NAME OF CEMETERY OR CRYPTORY <u>Old Mission</u>		24d. LOCATION (City, town, or county) (State) <u>Wichita Kansas</u>	
DATE REC'D BY LOCAL REG <u>Oct 16 - 1949</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>	
154		25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u> ADDRESS <u>Higginsville, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

OCT 25
RECEIVED
District Health Officer No. 8,
District File Number 101
Date Filed 10-25-49

NOV 9 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.

Student _____
Student Embalmer

Signed

Robert Beckel

Licensed Embalmer No. 42784

P. O. Address Higgsville

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.