

FILED MAR 30 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9758

State File No.

BIRTH NO. _____ REG. DIST. NO. 245 PRIMARY REG. DIST. NO. 3047 Registrar's No. 257

0730

1. PLACE OF DEATH
a. COUNTY Newton
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Neosho
c. LENGTH OF STAY (In this place) 2 wks.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Sale Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri b. COUNTY Newton
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Buffalo
d. STREET ADDRESS (If rural, give location) 6 mile SE of Seneca

3. NAME OF DECEASED
a. (First) Samuel b. (Middle) Elbert c. (Last) Rhine
4. DATE OF DEATH (Month) (Day) (Year) March 14, 1950

5. SEX Male 6. COLOR OR RACE white 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married 8. DATE OF BIRTH May 9, 1873 9. AGE (In years last birthday) 76 IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 24 HRS: Hours _____ Mins _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Merchant 10b. KIND OF BUSINESS OR INDUSTRY Lumber dealer 11. BIRTHPLACE (State or foreign country) Indiana 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME George Rhine 13b. MOTHER'S MAIDEN NAME Martha Kulh 14. NAME OF HUSBAND OR WIFE Calla Donia Rhine

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'S SIGNATURE OR NAME ADDRESS Mrs. Del Lipe Goodman, Mo.

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.

MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocarditis (Chronic) Cardiac Decompensation March 49
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Atherosclerosis - Chronic Infarcted Myocardia
DUE TO (c) _____
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Obesity

19a. DATE OF OPERATION None 19b. MAJOR FINDINGS OF OPERATION none 19c. INTERVAL BETWEEN ONSET AND DEATH 442X

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) (Minute) _____ 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 March 28th, 1949, to March 14th, 1950, that I last saw the deceased alive on March 14th, 1950, and that death occurred at 8:25 P.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Melvin C. Bowman M.D. 23b. ADDRESS Neosho, MO 23c. DATE SIGNED March 16-50

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE 3/17/50 24c. NAME OF CEMETERY OR CREMATORY Swars Prairie Bapt. 24d. LOCATION (City, town, or county) (State) Newton Co. Missouri

DATE REC'D BY LOCAL REG. March 16, 1950 REGISTRAR'S SIGNATURE Melvin C. Bowman 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS W.C. Beddlesome Seneca MO

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Officer No. Newton Co. Health Dept.
District File Number MAR 29 1950
Date Filed 350-75

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 W E Bidlee

Licensed Embalmer No. 2174

P. O. Address Seneca 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.