

FILED JUL 21 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 23100

264

BIRTH NO. _____ REG. DIST. NO. 77 PRIMARY REG. DIST. NO. 3016 Registrar's No. 174

1. PLACE OF DEATH a. COUNTY Cole		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Cole	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Jefferson City		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Jefferson City	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Marys Hospital		702 Broadway	

3. NAME OF DECEASED (Type or Print) George John Rinklin			4. DATE OF DEATH July 14, 1950		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED Married	8. DATE OF BIRTH Oct. 8 1887		9. AGE (In years last birthday) 62
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman		10b. KIND OF BUSINESS OR INDUSTRY Witte Co.	11. BIRTHPLACE (State or foreign country) Washington Missouri		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Charles Rinklin	13b. MOTHER'S MAIDEN NAME Julia Kohlig	14. NAME OF HUSBAND OR WIFE Martha Rinklin
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. (If yes, give year or dates of service) No 492-05-1437	17. INFORMANT'S SIGNATURE OR NAME Mrs. Martha Rinklin
		ADDRESS Jefferson City

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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH Shown 360X
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Ch. Glomerulonephritis Arteriosclerosis + myocardia DUE TO (c) Septicemia		
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 <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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 <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 6:30 P.M. 1950, to 7-14, 1950, that I last saw the deceased alive on 7-14, 1950, and that death occurred at 2:25 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) John W. McHarney M.D.	23b. ADDRESS Jefferson City, Mo	23c. DATE SIGNED 7/15/50
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE July 17, 1950	24c. NAME OF CEMETERY OR CREMATORY Riverview Cemetery
		24d. LOCATION (City, town, or county) (State) Jefferson City, Mo

DATE REC'D BY LOCAL REG. July 15-1950	REGISTRAR'S SIGNATURE R.P. Harris M.D. - M.R.	68	25. FUNERAL DIRECTOR'S SIGNATURE Victor Buescher	ADDRESS Jefferson City, Mo
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED 7/24/50
DISTRICT HEALTH OFFICE No. 3
District File Number _____
Date Filed 7/20/50

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. 315

working under my personal supervision.

Student Bill Branson
Student Embalmer

Signed Victor Buescher

Licensed Embalmer No. 3701

P. O. Address Jefferson City, 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.