

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

BIRTH NO. **134** REG. DIST. NO. **174** PRIMARY REG. DIST. NO. **3035** Registrar's No. **16**

1. PLACE OF DEATH a. COUNTY Lafayette		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Ray	
b. CITY (If outside corporate limits, write RURAL and give township) Lexington		c. CITY (If outside corporate limits, write RURAL and give township) Richmond	
c. LENGTH OF STAY (In this place) 50 minutes		d. STREET ADDRESS (If rural, give location) 454 South Shawe	
d. FULL NAME OF HOSPITAL OR INSTITUTION Lexington Memorial Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) Baby b. (Middle) (none) c. (Last) Rinkenbaugh			4. DATE OF DEATH (Month) (Day) (Year) January 29 1951			
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married	8. DATE OF BIRTH January 29, 1951	9. AGE (In years last birthday) 0	IF UNDER 1 YEAR Months 0 Days 0	IF UNDER 24 HRS. Hours 0 Mins. 50
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none		10b. KIND OF BUSINESS OR INDUSTRY none		11. BIRTHPLACE (State or foreign country) Missouri		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Roland Rinkenbaugh		13b. MOTHER'S MAIDEN NAME Virginia Thompson		14. NAME OF HUSBAND OR WIFE not married	
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. none		17. INFORMANT'S SIGNATURE OR NAME Roland Rinkenbaugh, Richmond, Mo.	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Prematurity		INTERVAL BETWEEN ONSET AND DEATH 50 minutes	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) Abruptio placenta		14 days	
DUE TO (c)		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		7615	

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)		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 **Jan-29, 1951**, to **Jan-29, 1951**, that I last saw the deceased alive on **Jan-29, 1951**, and that death occurred at **12:28 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE M. L. Maaterson, M.D.		(Degree or title)		23b. ADDRESS Richmond, Mo.		23c. DATE SIGNED Feb-2-51	
--	--	-------------------	--	--------------------------------------	--	-------------------------------------	--

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Jan. 30, 1951		24c. NAME OF CEMETERY OR CREMATORY Sunny Stone Cemetery		24d. LOCATION (City, town, or county) (State) Richmond, Missouri	
--	--	-----------------------------------	--	---	--	--	--

DATE REC'D BY LOCAL REG. Feb 9, 1951		REGISTRAR'S SIGNATURE Wm. Eastbrook		25. FUNERAL DIRECTOR'S SIGNATURE Thomas J. Carter		ADDRESS Richmond, Mo.	
--	--	---	--	---	--	---------------------------------	--

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

0542
0

481

RECEIVED 2-10-51

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed 2-10-51

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 _____

Body was not embalmed.

Student Embalmer No. _____

working under my personal supervision.

Student _____

Student Embalmer

Signed _____

Thomas J. Carter

Licensed Embalmer No. 4474

P. O. Address. Richmond, Ms.

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.