

FILED JUN 6 1951

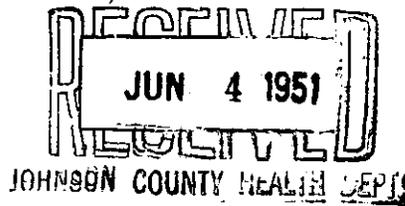
THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

State File No. **17119**

BIRTH NO. _____		REG. DIST. NO. <b>167</b>		PRIMARY REG. DIST. NO. <b>3607</b>		Registrar's No. <b>23</b>	
1. PLACE OF DEATH a. COUNTY <b>Johnson</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Johnson</b>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural #1, Kingsville</b>		c. LENGTH OF STAY (In this place) <b>42yr</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural, Kingsville Twp.,</b>		<b>0510</b>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>At Home Soute #1, Kingsville</b>				d. STREET ADDRESS (If rural, give location) <b>Route #1, Kingsville, Mo.</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Pete</b>		b. (Middle)		c. (Last) <b>Reifsnider</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>June 1, 1951</b>	
5. SEX <b>male</b>		6. COLOR OR RACE <b>white</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>		8. DATE OF BIRTH <b>Feb 19, 1892</b>	
9. AGE (In years last birthday) <b>59</b>		IF UNDER 1 YEAR Months <b>3</b> Days <b>12</b>		IF UNDER 6 HRS. Hours <b>12</b> Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>own farm</b>		11. BIRTHPLACE (State or foreign country) <b>Haverhill, Iowa</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>George Reifsnider</b>		13b. MOTHER'S MAIDEN NAME <b>Unknown</b>		14. NAME OF HUSBAND OR WIFE <b>Ozelle Hunter Reifsnider</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>		16. SOCIAL SECURITY NO. <b>xxxx</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Ozelle Hunter Reifsnider</b> ADDRESS <b>Missouri Kingsville</b>			
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Gunshot Wound (self inflicted)</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last: <b>Inoperable cancer of stomach</b> DUE TO (b) <b>in head</b> DUE TO (c) <b>stomach</b> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION <b>none</b>		19b. MAJOR FINDINGS OF OPERATION <b>6976x H</b>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>suicide</b>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>at home</b>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>Route 1, Kingsville Johnson Missouri</b>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>6/1/51 2 RM</b>		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 <b>6/1/51</b> , 19___, to <b>6/1/51</b> , 19___, that I last saw the deceased <b>dead</b> on <b>6/1/51</b> , 1951, and that death occurred at <b>2 A</b> m., from the causes and on the date stated above.							
23a. SIGNATURE <b>Kelly Rawlins</b> (Degree or title) <b>M.D.</b>				23b. ADDRESS <b>Holden, Missouri</b>		23c. DATE SIGNED <b>6/2/51</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>6/4/51</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Holden Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Holden, Missouri</b>	
DATE REC'D BY LOCAL REG. <b>June 2, 1951</b>		REGISTRAR'S SIGNATURE <b>Mrs G V Redford</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>150</b>		ADDRESS <b>Canaday &amp; Ropp, Holden, Missouri</b>	

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

**0510**



**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. L. Canaday.....

Licensed Embalmer No. 3434.....

P. O. Address Holden, 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.**