

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

21320

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 247 PRIMARY REG. DIST. NO. 4366 Registrar's No. 20

1. PLACE OF DEATH  
 a. COUNTY Newton

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 Granby 1930

d. FULL NAME OF HOSPITAL OR INSTITUTION \_\_\_\_\_ d. STREET ADDRESS (If rural, give location) \_\_\_\_\_

3. NAME OF DECEASED (Type or Print)  
 a. (First) HENRY b. (Middle) W. c. (Last) RINEHART

4. DATE OF DEATH (Month) (Day) (Year) 6-19-1952

5. SEX Male 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single

8. DATE OF BIRTH 4-13-1910 9. AGE (In years last birthday) 42 IF UNDER 1 YEAR Months 2 Days 3 IF UNDER 24 HRS. Hours 0 Min. 0

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer 10b. KIND OF BUSINESS OR INDUSTRY \_\_\_\_\_

11. BIRTHPLACE (State or foreign country) Gene (New York) Mo 12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Wm H Rinehart 13b. MOTHER'S MAIDEN NAME Jessie Linton 14. NAME OF HUSBAND OR WIFE \_\_\_\_\_

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) yes world war II 16. SOCIAL SECURITY NO. \_\_\_\_\_ 17. INFORMANT'S SIGNATURE OR NAME Arthur Rinehart ADDRESS Granby Mo

18. CAUSE OF DEATH  
 Enter only one cause per line for (a), (b), and (c)  
 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Accidental Drowning  
 ANTECEDENT CAUSES \_\_\_\_\_  
 Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. \_\_\_\_\_  
 DUE TO (b) \_\_\_\_\_  
 DUE TO (c) \_\_\_\_\_  
 II. OTHER SIGNIFICANT CONDITIONS\* \_\_\_\_\_  
 Conditions contributing to the death but not related to the disease or condition causing death. E9298  
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19a. DATE OF OPERATION \_\_\_\_\_ 19b. MAJOR FINDINGS OF OPERATION \_\_\_\_\_ 20. AUTOPSY? YES  NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accidental Drowning 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) In River 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Newton County Missouri

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 6-19-52 6 P. m. 21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK  21f. HOW DID INJURY OCCUR? Drowned while swimming in River

22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at 6 P. m., from the causes and on the date stated above.

23a. SIGNATURE Orley Thompson Coover (Degree or title) 3 23b. ADDRESS Neosho, Missouri 23c. DATE SIGNED 6/20/52

24a. BURIAL (CREMATION, REMOVAL) (Specify) Burial 24b. DATE 6-22-52 24c. NAME OF CEMETERY OR CREMATORY Granby Memorial 24d. LOCATION (City, town, or county) (State) Granby Mo.

DATE REC'D BY LOCAL REG. June 22 1952 REGISTRAR'S SIGNATURE M. S. Young 25. FUNERAL DIRECTOR'S SIGNATURE Coover - Neosho ADDRESS \_\_\_\_\_

1930  
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

**RECEIVED**

District Health Officer No. NEWTON COUNTY HEALTH UNIT

District File Number 652-143

Date Filed 6/24/52

NEOSHO, MISSOURI

101 2 1952

**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 \_\_\_\_\_

Floyd E. Shewmake Jr.

Student Embalmer No. 455

working under my personal supervision.

Student Floyd E. Shewmake Jr.  
Student Embalmer

Signed G. E. Culver

Licensed Embalmer No. 3584

P. O. Address Cassville 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.