

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

27890

State File No.

FILED SEP 8 - 1952

BIRTH NO. _____ REG. DIST. NO. 141 PRIMARY REG. DIST. NO. 5550 Registrar's No. 49

1. PLACE OF DEATH a. COUNTY <u>Howell 0469</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Howell</u>	
b. CITY OR TOWN <u>Moody</u>	c. LENGTH OF STAY (In this place)	c. CITY OR TOWN <u>Moody</u>	0460
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) <u>R.F.D.</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>John</u> b. (Middle) <u>Rhine</u> c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) <u>8-8-52</u>
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5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <u>9-2-1888</u>	9. AGE (In years last birthday) <u>63</u> Months <u>11</u> Days <u>6</u>	IF UNDER 1 YEAR IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work during most of working life, or if retired) <u>Farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Illinois</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Jim Rhine</u>	13b. MOTHER'S MAIDEN NAME <u>Drucela Moran</u>	14. NAME OF HUSBAND OR WIFE <u>Alice Rhine</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <u>Ray Rhine, Moody, Mo</u>	ADDRESS <u>Moody, Mo</u>
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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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary thrombosis</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic myocarditis</u> DUE TO (c)		
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 <u>4201</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 1951, to 8-8, 1952, that I last saw the deceased alive on 8-1, 1952, and that death occurred at 7:00 m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>DR James Wood</u>	23b. ADDRESS <u>Bethesda, Mo.</u>	23c. DATE SIGNED <u>8-27-52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>18</u>	24b. DATE <u>8-10-52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Bethesda</u>	24d. LOCATION (City, town, or county) (State) <u>Bethesda, Mo</u>
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DATE REC'D BY LOCAL REG. <u>9-2-52</u>	REGISTRAR'S SIGNATURE <u>Beatrice Cook</u>	FUNERAL DIRECTOR'S SIGNATURE <u>Koberlons</u>	ADDRESS <u>Moody, Mo</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Woody Mo

SEP 16 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.....

Student Embalmer No.

working under my personal supervision.

Student

Student Embalmer

Signed

D. D. Robertson

Licensed Embalmer No. *3437*

P. O. Address *West Haven Ct*

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.