

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36824

State File No. _____

FILED NOV 9 - 1953

BIRTH NO. _____ REG. DIST. NO. 290 PRIMARY REG. DIST. NO. 6-958 Registrar's No. 77

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

1. PLACE OF DEATH a. COUNTY <u>Platte</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MO</u> b. COUNTY <u>Clay</u>	
b. CITY OR TOWN <u>Platte City - MO</u>		c. CITY OR TOWN <u>Hamore Village of Oakwood - 6000</u>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <u>Route 4 - North Kansas City</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Highway 71. So of Platte City</u>			

3. NAME OF DECEASED (Type or Print) <u>Camille Geddes Reinking</u> (First) (Middle) (Last)			4. DATE OF DEATH <u>Nov. 4 - 1953</u> (Month) (Day) (Year)		
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5. SEX <u>Female!</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Aug 29 - 1926</u>	9. AGE (In years last birthday) <u>27.</u>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 YEAR Hours	IF UNDER 1 YEAR Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Teacher</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Mun. school.</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Dallas, Texas!</u>	12. CITIZEN OF WHAT COUNTRY?
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13a. FATHER'S NAME <u>Henry M. Manning</u>	13b. MOTHER'S MAIDEN NAME <u>Neta Moore</u>	14. NAME OF HUSBAND OR WIFE <u>Richard Paul Reinking</u>
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. <u>UNKNOWN</u>	17. INFORMANT'S SIGNATURE OR NAME <u>R. Kenneth Elliott</u>	ADDRESS <u>N. Kansas City 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, asthma, 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>CRUSHED CHEST - INTERNAL INJURIES</u>		
	ANTECEDENT CAUSES <u>ARMS & LEGS BROKEN</u>		
	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.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>ACCIDENT</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>HIGHWAY</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) <u>PLATTE</u> (STATE) <u>MO.</u>
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21d. TIME OF INJURY <u>11-4-53</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Auto COLLISION</u>
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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 NESTON, Mo., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Roland M. Giffie, Coroner</u>	23b. ADDRESS <u>Platte City, Mo.</u>	23c. DATE SIGNED <u>11-5-53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>Nov. 6 - 1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Hill Crest Memorial Park</u>	24d. LOCATION (City, town, or county) (State) <u>Dallas Texas</u>
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DATE REC'D BY LOCAL REG. <u>11-6-53</u>	REGISTRAR'S SIGNATURE <u>Alpha Rollins</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Sparkman-Brand Funeral Home</u>	ADDRESS <u>Dallas Tex.</u>
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(Licensed Embalmers' Statement on Reverse Side)

FEB 17 1954

OCT 21 1953

NOV 14 1955

NOV 10

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

Leland M. Francis

Licensed Embalmer No. 3451

P. O. Address Parkville, 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.