

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

**9243**

State File No. \_\_\_\_\_

Registrar's No. 28

BIRTH NO. FILED MAR 30 1954 REG. DIST. NO. 172 PRIMARY REG. DIST. NO. 3034

1. PLACE OF DEATH a. COUNTY <u>Lafayette</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE <u>Missouri</u> b. COUNTY <u>Lafayette</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Higginsville</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Higginsville</u> <u>0541</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1711 Lipper</u>		d. STREET ADDRESS (If rural, give location) <u>1711 Lipper</u> <u>0</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Anna</u> b. (Middle) <u>Marie</u> c. (Last) <u>Rinne</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>March 22 1954</u>		
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>Sept 9 1872</u>	9. AGE (In years last birthday) <u>81</u>	IF UNDER 1 YEAR Days <u>6</u> IF UNDER 10 HRS. Min. <u>13</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Missouri</u> <u>0</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					

13a. FATHER'S NAME <u>Charles Bruening</u>	13b. MOTHER'S MAIDEN NAME	14. NAME OF HUSBAND OR WIFE <u>H.C. Rinne</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. <u>---</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>A.F. Rinne Higginsville Mo.</u>

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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Broncho Pneumonia</u>		INTERVAL BETWEEN ONSET AND DEATH <u>12 hrs.</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chr. Cardiac Decompensation</u>		<u>Unknown</u>
	DUE TO (c) <u>Arteriosclerotic Cardiovascular Disease</u>		<u>Unknown</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Senility</u>			

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 3/22/54, 1954, to 3/22/54, 1954, that I last saw the deceased alive on 3/22/54, 1954, and that death occurred at 6<sup>00</sup> a m., from the causes and on the date stated above.

23a. SIGNATURE <u>Robert B. Best, Ch. D.D.</u> (Degree or title)	23b. ADDRESS <u>Higginsville, Mo.</u>	23c. DATE SIGNED <u>3/23/54</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>March 24 1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Evangelical Cemetery</u>
24d. LOCATION (City, town, or county) (State) <u>Higginsville, Mo.</u>		

DATE REC'D BY LOCAL REG. <u>March 27-54</u>	REGISTRAR'S SIGNATURE <u>Clayton H. Landrum</u> <u>154</u>	FUNERAL DIRECTOR'S SIGNATURE - ADDRESS <u>Roy F. Wiegans Higginsville Mo</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

No. 300  
10-48

**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

*Robert Wiegman*

Licensed Embalmer No. *2883*

P. O. Address *Higginsville 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.