

FILED APR 28 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 12211  
1606

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. \_\_\_\_\_

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

<b>1. PLACE OF DEATH</b> a. COUNTY <b>JACKSON</b> b. CITY OR TOWN <b>KANSAS CITY</b> c. LENGTH OF STAY (in this place) <b>36 YEARS</b> d. FULL NAME OF HOSPITAL OR INSTITUTION <b>2041 FOREST AVENUE MARGARET KATHARIN NURSING HOME</b>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>JACKSON</b> c. CITY OR TOWN <b>KANSAS CITY</b> d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> e. STREET ADDRESS (If rural, give location) <b>1305 EAST ARMOUR BLVD. 3538 0</b>	
<b>3. NAME OF DECEASED</b> (Type or Print) a. (First) <b>DELLA</b> b. (Middle) <b>MAY</b> c. (Last) <b>RHINEHART</b>		<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <b>APRIL 6, 1954</b>	
<b>5. SEX</b> <b>FEMALE</b>	<b>6. COLOR OR RACE</b> <b>WHITE</b>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)</b> <b>WIDOWED</b>	<b>8. DATE OF BIRTH</b> <b>MARCH 28, 1881</b>
<b>9. AGE</b> (In years last birthday) <b>73</b>	<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>HOUSEWIFE - AT HOME DOMESTIC</b>	<b>10b. KIND OF BUSINESS OR INDUSTRY</b>	<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <b>PHILLIPSBORE, KANSAS</b>
<b>12. CITIZEN OF WHAT COUNTRY?</b> <b>USA</b>		<b>13a. FATHER'S NAME</b> <b>NEWTON F. COMPTON</b>	
<b>13b. MOTHER'S MAIDEN NAME</b> <b>MARTHA M. LUDIN</b>		<b>13c. NAME OF HUSBAND OR WIFE</b> <b>LEWIS RHINEHART - DECEASED</b>	
<b>14. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		<b>15. SOCIAL SECURITY NO.</b> _____	
<b>16. INFORMANT'S SIGNATURE OR NAME</b> <b>Mrs. LULA HOWARD</b>		<b>17. ADDRESS</b> <b>4312 EAST 19TH ST. KANSAS CITY, MO.</b>	
<b>18. CAUSE OF DEATH</b> 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.		<b>MEDICAL CERTIFICATION</b>	
		<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <b>Chol. Myocarditis</b> ANTECEDENT CAUSES DUE TO (b) <b>Arterio sclerosis</b> DUE TO (c) <b>Hypertension</b> <b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death. <b>None</b>	
<b>19a. DATE OF OPERATION</b> <b>None</b>		<b>19b. MAJOR FINDINGS OF OPERATION</b>	
<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		<b>21a. ACCIDENT SUICIDE HOMICIDE</b> <b>NO</b>	
<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)		<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b>	
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) <b>NO</b>		<b>21e. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
<b>21f. HOW DID INJURY OCCUR?</b>			
<b>22. I hereby certify that I attended the deceased from June 19, 1953, to April 6, 1954, that I last saw the deceased alive on April 6, 1954, and that death occurred at 4:15 P. M., from the causes and on the date stated above.</b>			
<b>23a. SIGNATURE</b> <b>M. B. Casbolt</b> (Degree or title)		<b>23b. ADDRESS</b> <b>4400 Baltimore K. C. Mo.</b>	
<b>23c. DATE SIGNED</b> <b>4/7/54</b>		<b>24a. BURIAL CREMATION (REMOVAL Specify)</b> <b>BURIAL</b>	
<b>24b. DATE</b> <b>APR. 9-1954</b>		<b>24c. NAME OF CEMETERY OR CREMATORY</b> <b>I.O.O.F. CEMETERY</b>	
<b>24d. LOCATION</b> (City, town, or county) (State) <b>PATTONSBURG, MISSOURI</b>		<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <b>D.H. Newcomer's Sons</b>	
<b>DATE REC'D BY LOCAL REG.</b> <b>4-9-54</b>		<b>ADDRESS</b> <b>1331 BRUSH CREEK KANSAS CITY, MO.</b>	

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.....  
Signature of Student Embalmer

Signed..... *John B Lewis*  
Licensed Embalmer No. 48

P. O. Address..... *KCM*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.