

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

D? Johnson Co. 5495
State File No. 5495

FILED FEB 21 1955

BIRTH NO. _____		REG. DIST. NO. <u>184</u>		PRIMARY REG. DIST. NO. <u>2038</u>		Registrar's No. <u>480</u>			
1. PLACE OF DEATH a. COUNTY <u>Linn</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u>				b. COUNTY <u>Linn</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Brookfield</u>		c. LENGTH OF STAY (If this place) <u>3 mths</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Old Town</u>		0580			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>McBarney Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>0</u>					
3. NAME OF DECEASED (Type of Print) <u>DICK ANDREW RIENSTRA</u>			a. (First)		b. (Middle)		c. (Last)		
4. DATE OF DEATH <u>Feb. 13-1955</u>		(Month) (Day) (Year)		5. SEX <u>Mo</u>		6. COLOR OR RACE <u>W</u>			
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>W</u>		8. DATE OF BIRTH <u>Sept-29-1875</u>		9. AGE (In years last birthday) <u>79</u>		10. IF UNDER 1 YEAR (Month) (Day) (Year) <u>4 16</u>			
10a. USUAL OCCUPATION (Give kind of work done during last of working life, even if retired) <u>Ret Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Honover's Holland A.D.S.O.</u>		12. CITIZEN OF WHAT COUNTRY			
13a. FATHER'S NAME <u>Andrew Rienstra</u>			13b. MOTHER'S M maiden name <u>Hellie D. Jager</u>			14. NAME OF HUSBAND OR WIFE <u>Sadie Rienstra</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Hellie Nylander Brookfield 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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>late congestive heart failure</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary Insufficiency & Sclerosis</u> DUE TO (c) <u>Generalized arterio-sclerotic hardening</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Senility</u>						INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u> <u>2 years</u>	
19a. DATE OF OPERATION <u>None</u>		19b. MAJOR FINDINGS OF OPERATION <u>4201</u>				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 <u>Feb. 8</u> , 1955, to <u>Feb 13</u> , 1955, that I last saw the deceased alive on <u>Feb. 13</u> , 1955, and that death occurred at <u>11¹⁴</u> A.M., from the causes and on the date stated above.									
23a. SIGNATURE <u>R. W. Johnson, M.D.</u>				(Degree or title)		23b. ADDRESS <u>211 Linn Brookfield Mo</u>			
23c. DATE SIGNED <u>2-14-55</u>									
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Feb. 17-55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>East Lawn Cem</u>		24d. LOCATION (City, town, or county) (State) <u>Sheldon Iowa</u>			
DATE REC'D BY LOCAL REG. <u>2-14-55</u>		REGISTRAR'S SIGNATURE <u>Walter Swin 167</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>J. K. Blacklock Brookfield Mo</u>					

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

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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 J. B. Blacklock.....

Licensed Embalmer No. 2246.....

P. O. Address Brookfield 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.