No. 300
10-48

FILED JUN 13 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

17408

State File No. .....

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BIRTH NO. _____ REG. DIST. NO. 323 PRIMARY REG. DIST. NO. 4474 Registrar's No. 8

1. PLACE OF DEATH
a. COUNTY: SALINE
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): SWEET SPRINGS
c. LENGTH OF STAY (in this place): 4 HRS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): ROBERTS-WORLEY CLINIC

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: PETTIS
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): HOUSTONIA 0800 1
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): DE
b. (Middle): FOREST
c. (Last): RHINEHART

4. DATE OF DEATH (Month) (Day) (Year): JUNE 10-1955

5. SEX: MALE 0
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED 1
8. DATE OF BIRTH: MARCH 8 1868
9. AGE (In years last birthday): 87 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): FARMING
10b. KIND OF BUSINESS OR INDUSTRY: AGRICULTURE
11. BIRTHPLACE (City and State or Foreign Country): DENT COUNTY MISSOURI 0
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: CANIEL
13b. MOTHER'S MAIDEN NAME: ARMENIA HEAD
14. NAME OF HUSBAND OR WIFE: SUSAN CONDRAY

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): NO
16. SOCIAL SECURITY NO.: NONE
17. INFORMANT'S SIGNATURE OR NAME / ADDRESS: AMOS RHINEHART HOUSTONIA MO.

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

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Acute myocardial infarction

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): Trauma — INTERVAL BETWEEN ONSET AND DEATH: 2 hrs.
DUE TO (c): Auto accident — 2 hrs.

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*
Laceration of forehead. — 2 hrs.
Ruptured triceps tendon, rt. — 2 hrs.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

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21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): County Highway
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Pettis Mo.

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 6 10 55 5 00 p.m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR?: Auto accident.

22. *I hereby certify that I attended the deceased from* 10 June, 1955, *to* 10 June, 1955, *that I last saw the deceased alive on* 10 June 1955, *and that death occurred at* 7 20 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Paul E. Roberts M.D.
23b. ADDRESS: Sweet Springs, Mo.
23c. DATE SIGNED: 6-11-55

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: JUNE 13 1955
24c. NAME OF CEMETERY OR CREMATORY: HOUSTONIA
24d. LOCATION (City, town, or county) (State): HOUSTONIA MO

DATE REC'D BY LOCAL REG.: June 11, 1955
REGISTRAR'S SIGNATURE: Mary Moseley 509
25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS: L. F. Parker - Sweet Springs, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

JUL 20 1955

JUN 27 1955

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 L. F. Parker

Licensed Embalmer No. 3840

P. O. Address Sweet Springs, 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.