

health, Welfare public service
 300 J-56
 diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.
 USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
 57-

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

38627
 STATE FILE NUMBER

FILED DEC 4 - 1956

Registration District No. 175 Primary Registration District No. 4277 Registrar's No. 108

1. PLACE OF DEATH a. COUNTY <u>LAWRENCE</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>LAWRENCE</u>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>VERONA</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>VERONA</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>CITY of VERONA</u>			Length of stay in 1b		d. STREET ADDRESS <u>3 miles WEST</u>
3. NAME OF DECEASED (Type or print) First <u>ELMER</u> Middle <u>A.</u> Last <u>REINHART</u>			4. DATE OF DEATH Month <u>Nov.</u> Day <u>29</u> Year <u>1956</u>		
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>MAY 14 - 1896</u>	9. AGE (In years last birthday) <u>60</u>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>SELF</u>		11. BIRTHPLACE (City and state or country) <u>EARLY IOWA</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13. FATHER'S NAME <u>John Reinhart</u>			14. MOTHER'S MAIDEN NAME <u>Pauline Hillman</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>485-01-1049</u>		17. INFORMANT Address <u>MRS MARVEL REINHART, VERONA #1</u>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Train and truck accident, Right side of face</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Skinned, skull crushed, right and left shoulders broken, neck broken, compound fracture of left arm, ribs broken, Back broken.</u> DUE TO (c) <u>left arm, ribs broken, Back broken.</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>8/100 27</u>					INTERVAL BETWEEN ONSET AND DEATH
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)			
20c. TIME OF INJURY Hour _____ Month _____ Day _____ a. m. _____ p. m. _____		20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)			
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20f. CITY, TOWN, OR LOCATION		COUNTY	STATE
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at <u>2:30 A.M.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <u>H. D. Towsett, Coroner of Lawrence Co.</u>			22b. ADDRESS <u>Dr. Vernon, Mo.</u>		22c. DATE SIGNED <u>11-30-56</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>	23b. DATE <u>DEC. 2, 1956</u>	23c. NAME OF CEMETERY OR CREMATORY <u>GARNETT Ks. CEMETERY</u>	23d. LOCATION (City, town, or county) (State) <u>GARNETT - KANSAS</u>		
24. FUNERAL DIRECTOR ADDRESS <u>MARSH funeral Home, Aurora, Mo</u>		25. DATE RECD. BY LOCAL REG. <u>12-1-56</u>	26. REGISTRAR'S SIGNATURE <u>Oran Mc Nett</u>		

(Licensed Embalmer's Statement on Reverse Side)

1952 F 1956

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 Myself, Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Oliver J. Marsh

Licensed Embalmer No. 381

P. O. Address Amherst

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. 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.