

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-021258

STATE FILE NUMBER

FILED JUL 7 1958 Registration District No. 323 Primary Registration District No. 4474 Registrar's No.

1. PLACE OF DEATH a. COUNTY <i>Saline</i>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>MISSOURI</i> b. COUNTY <i>SACAGETTE</i>			
b. CITY (If outside corporate limits, give TOWNSHIP only) TOWN <i>Sweet Springs</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <i>HIGGINSVILLE</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If outside, give location)			
3. NAME OF DECEASED (Type or print) First <i>HENRY</i> Middle <i>CHARLES</i> Last <i>RINNE</i>				4. DATE OF DEATH Month <i>JUNE</i> Day <i>11</i> Year <i>1958</i>			
5. SEX <i>male</i>		6. COLOR OR RACE <i>white</i>		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <i>JULY 20 1871</i>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		9. AGE (If years last birthday) <i>86</i>		11. BIRTHPLACE (City and state or country)	
<i>CONTRACTOR</i>		<i>Warrenton Mo.</i>		<i>USA</i>		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME <i>HENRY CHARLES RINNE</i>				14. MOTHER'S MAIDEN NAME <i>JUSTINE SIEKERT</i>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>no</i>				16. SOCIAL SECURITY NO.		17. INFORMANT Address <i>Miss Etna Rinne Higginsville Mo</i>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Hypostatic Pneumonia</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <i>Dilatation & malnutrition</i> DUE TO (c) <i>Fracture of rd. hip</i> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <i>Extensive pressure necrosis hips & back</i>							INTERVAL BETWEEN ONSET AND DEATH <i>72 hrs.</i> <i>8 weeks</i> <i>10 weeks</i>
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.) <i>(9) 9027 (106) 45</i>					
20c. TIME OF INJURY Hour <i>9</i> a. m. <i>02</i> p. m. <i>27</i>		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION <i>(106)</i>	
20g. COUNTY		20h. STATE		21. I attended the deceased from <i>Oct '57</i> to <i>June '58</i> and last saw <i>him</i> alive on <i>6-11-58</i> Death occurred at <i>6:45 p.m.</i> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <i>Kenneth Davis, M.D.</i>				22b. ADDRESS <i>Sweet Springs, Mo</i>		22c. DATE SIGNED <i>6-17-58</i>	
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE		23c. NAME OF CEMETERY		23d. LOCATION (City, town, or county) (State)	
<i>Burial</i>		<i>June 13-1958</i>		<i>Evangelical Reform</i>		<i>Higginsville Mo.</i>	
24. FUNERAL DIRECTOR <i>Roy F. Wieggers Higginsville Mo</i>				25. DATE RECD. BY LOCAL REG. <i>6-30-58</i>		26. REGISTRAR'S SIGNATURE <i>Mary Masley</i>	

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All 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

300
1-56

spg

550

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 *Roy F. Wiegman*

Licensed Embalmer No. *280*

P. O. Address *Higginsville*

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.