

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-045253

STATE FILE NUMBER

FILED JAN 7 1959

Registration District No. 299 Primary Registration District No. Registrar's No.

1. PLACE OF DEATH a. COUNTY <b>REYNOLDS</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MO</b> b. COUNTY <b>REYNOLDS</b>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Lesterville</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN <b>Lesterville</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTE <b>6 MI. N. of Lesterville</b>		Length of stay in 1b <b>10 yrs.</b>	d. STREET ADDRESS <b>6 MI. N. of Lesterville</b>		(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) <b>DON ROONEY RHINE</b>			4. DATE OF DEATH <b>12-12-1958</b>		
5. SEX <b>M.</b>	6. COLOR OR RACE <b>W.</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>7/8-1908</b>	9. AGE (In years last birthday) <b>49</b>	IF UNDER 1 YEAR Months <b>3</b> Days <b>4</b> IF UNDER 24 HRS. Hours <b></b> Min. <b></b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Piano Tuner</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <b>9</b>	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME <b>SQM Rhine 490-12-1694</b>			14. MOTHER'S MAIDEN NAME <b>Cora Conners</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT Address <b>Mrs. Maudie Rhine</b>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Acute Enteritis</b>					INTERVAL BETWEEN ONSET AND DEATH <b>3 DAYS</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Excessive Drinking</b>					
DUE TO (c)					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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.) <b>3222</b>		
20c. TIME OF INJURY Hour <b></b> Month, Day, Year a. m. <b></b> p. m. <b></b>					
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 COUNTY STATE	
21. I attended the deceased from <b>12-11-1958</b> to <b>12-12-58</b> and last saw her alive on <b>12-11-58</b> Death occurred at <b>MOTHERS HOME</b> on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <b>E.M. Fitzpatrick M.D.</b>			22b. ADDRESS <b>Lesterville Mo</b>		22c. DATE SIGNED <b>12-16-58</b>
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE <b>12-14-58</b>	23c. NAME OF CEMETERY OR CREMATORY <b>ROYFIELO cem</b>		23d. LOCATION (City, town, or county) (State) <b>3 MI. N. of Lesterville MO</b>
24. FUNERAL DIRECTOR <b>Howe &amp; Co Funeral Home</b>		ADDRESS		25. DATE RECD. BY LOCAL REG. <b>12-16/58</b>	26. REGISTRAR'S SIGNATURE <b>E.M. Fitzpatrick</b>

Health, Welfare, Public Service

300 1-56

All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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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 ..... Signature of Student Embalmer

Signed .....

Licensed Embalmer No. ....

P. O. Address .....

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