Health, & Welfare Public Service

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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-023857
STATE FILE NUMBER

FILED JUN 29 1959 Registration District No. 381 Primary Registration District No. 4509 Registrar's No. 56

1. PLACE OF DEATH
a. COUNTY: Sullivan
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Humphrey — Inside Limits: Yes ☐ No ☒
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: 1/2 mile South — Length of stay in Hospital: 10 yrs

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo b. COUNTY: Sullivan
c. CITY OR TOWN: Humphrey — Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location): 1/2 mile South — Reside on Farm: Yes ☒ No ☐

3. NAME OF DECEASED (Type or print): First JAMES Middle CURL Last RINEHART
4. DATE OF DEATH: Month 6 Day 24 Year 1959
5. SEX: M
6. COLOR OR RACE: W
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: 2-3-1887
9. AGE (In years last birthday): 72 — 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): Farmer
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and state or country): Sullivan Co Mo
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME: Levi Rinehart
13b. MOTHER'S MAIDEN NAME: Sarah C Curl
14. NAME OF HUSBAND OR WIFE: Mrs May Bundridge Rinehart
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.: 494-40-9742
17. INFORMANT: Mrs May Rinehart — Address: Humphrey Mo

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: 10 minutes
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Diabetes Mellitus arteriosclerosis — 8-10 years
DUE TO (c) Hypertensive Heart disease — 10 years
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): 260X
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐ 0

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 July 1910 to June 1959 and last saw her alive on June 24-59. Death occurred at 6:45 PM on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: A W Eitel M.D. (Degree or title)
22b. ADDRESS: Galt Missouri
22c. DATE SIGNED: 6/29/59

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 6-27-1959
23c. NAME OF CEMETERY OR CREMATORY: Humphrey Cem.
23d. LOCATION (City, town, or county) (State): Humphrey Mo

24. FUNERAL DIRECTOR: P K Payne Son — ADDRESS: Galt Mo
25. DATE RECD. BY LOCAL REG.: 6-27-59
26. REGISTRAR'S SIGNATURE: Mrs. M. W. Beckett

(Licensed Embalmer's Statement on Reverse Side)

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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 P K Payne Jr

Licensed Embalmer No. 3400

P. O. Address Galt

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.