

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

0050872

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 7141 STATE FILE NUMBER

FILED JAN 17 1964

DO NOT WRITE ON THIS STUB

AMENDED

1. PLACE OF DEATH a. COUNTY JACKSON			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY JACKSON		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY, MISSOURI		Length of stay in 1b 42 years	c. CITY OR TOWN KANSAS CITY, MO.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION VA HOSPITAL, KC, MO.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 5139 Prospect, Kc, Mo.		
3. NAME OF DECEASED (Type or print) BERNARD I. RINARD			4. DATE OF DEATH Month December Day 29 Year 1963		
5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 1/29/98	9. AGE (last birthday) 65	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED Letter Carrier		10b. KIND OF BUSINESS OR INDUSTRY RETIRED	11. BIRTHPLACE (City and state or country) PARKERVILLE, KANSAS		12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME OSCAR RINARD		13b. MOTHER'S MAIDEN NAME FLORENCE BERNARD		14. NAME OF HUSBAND OR WIFE LILLIE RINARD	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) YES 8/5/17 to 5/29/19		16. SOCIAL SECURITY NO.		17. INFORMANT MRS LILLIE RINARD (WIFE) VA HOSPITAL RECORDS	
18. CAUSE OF DEATH (Enter only one cause per line for (.....)) PART I. DEATH WAS CAUSED BY:					INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) Paralytic Ileus					
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.					
DUE TO (b) Massive Gastrointestinal hemorrhage					
DUE TO (c) Mesenteric thrombosis					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Cerebral atherosclerosis advanced with cystic encephalomalacia				PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
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.)	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" 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. VA attended the deceased from 12/16/63 to 12/29/63 and last saw ^{her} him alive on 12/29/63 Death occurred at 8:25AM 12/29/63 m on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <i>Stephen Parks</i>			22b. ADDRESS Kansas City Mo.		22c. DATE SIGNED 12-31-63
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL Dec 31, 1963		23b. DATE 12-31-63		23c. NAME OF CEMETERY OR CRYPTORY GREGG LAMM CEMETERY	
23d. LOCATION (City, town, or county) KANSAS CITY, MISSOURI		23e. ADDRESS 1331 GRAND CANYON BLVD			
24. FUNERAL DIRECTOR D.W. WAGGONER'S SONS - KANSAS CITY, MISSOURI		DATE RECD. BY LOCAL REG. 12-31-63		26. REGISTRAR'S SIGNATURE <i>Bessie Smith</i>	

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

Stephen Parks

VS 300 Rev. 4/59	DATE AMENDED	
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95702		
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1276-0		
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STATE OF MISSISSIPPI

I hereby certify that the body of _____
 (Name of Deceased) _____
 (Address of Deceased) _____
 (City and State of Deceased) _____
 was embalmed by me,

 (Name of Licensed Embalmer)

 (Address of Licensed Embalmer)

 (City and State of Licensed Embalmer)

00100
 0-07

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 Harold P. Reich

Licensed Embalmer No. 4998
 P.O. Address K. E. 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
 If this body is not embalmed, fact should be so stated above.