

**MISSOURI STATE BOARD OF HEALTH**  
**BUREAU OF VITAL STATISTICS**  
**CERTIFICATE OF DEATH**

15430  
 Do not use this space.

REC'D MAY 10 1939

**1. PLACE OF DEATH**

(a) County Livingston Registration District No. 512  
 (b) Township Green Primary Registration District No. 5682  
 (c) City..... (d) Street No. Highway 65-4 mile S. Chillicothe, Mo. St.  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

**2. PRINT FULL NAME** Delbert Drexel Rinehart

(a) Residence, No. 4 1/2 miles S. Chillicothe, Mo. St.  (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF.....  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 18, 1915  
 7. AGE YEARS 23 MONTHS 3 DAYS 14 If LESS than 1 day, ..... hrs. or ..... min.  
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer  
 9. Industry or business in which work was done, as saw mill, bank, etc.....  
 10. Date deceased last worked at this occupation (month and year)..... 11. Total time (years) spent in this occupation. 5

12. BIRTHPLACE (CITY OR TOWN) Livingston County (STATE OR COUNTRY) Missouri

FATHER 13. NAME John E. Rinehart 14. BIRTHPLACE (CITY OR TOWN) Hardin County (STATE OR COUNTRY) Iowa

MOTHER 15. MAIDEN NAME Ethel May Reese 16. BIRTHPLACE (CITY OR TOWN) Livingston County (STATE OR COUNTRY) Missouri

17. INFORMANT John E. Rinehart (ADDRESS) R. F. D. Chillicothe, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Edgewood DATE 4-4 1939

19. FUNERAL DIRECTOR (NAME) Frank B. Norman (ADDRESS) Chillicothe, Missouri

20. FILED Apr 4 1939 Hazel Stamps Local Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr. 2 1939

22. I HEREBY CERTIFY, That I attended deceased from....., 19..... to....., 19..... I last saw him..... alive on..... Death is said to have occurred on the date stated above, at.....m. The principal cause of death and related causes of importance were as follows:

Date of onset  
Fell from motor cycle  
Breaking neck Apr. 2-39  
 Other contributory causes of importance: fall

Name of operation..... Date of..... What test confirmed diagnosis..... Autopsy? no

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide accident Date of injury Apr 2, 1939 Where did injury occur? Livingston Co. (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place. Public highway Manner of injury Fell from motor cycle Nature of injury fractured cervical vertebrae

24. Was disease or injury in any way related to occupation of deceased? no If so, specify..... (Signed) Chillicothe, Mo. M. D. (Address) Chillicothe, Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED  
Dist. No. 39-139  
Dist. No. 39-139  
Date MAY 5 1939

**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, .....

Elton F. Norman, or by .....

Registered Apprentice No. ...., working under my personal supervision.

Signed Elton F. Norman

Licensed Embalmer No. 4036

P. O. Address Chillicothe, 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 this body is not embalmed, above space should be left blank.**