

STANDARD CERTIFICATE OF DEATH

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BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 204 Registrar's No. 121

1. PLACE OF DEATH a. COUNTY <u>Jasper</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Newton</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Joplin</u> ( )		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Buffalo</u> ( )	
c. LENGTH OF STAY (in this place) <u>1 day</u>		d. STREET ADDRESS (If rural, give location) <u>4 miles SE of Seneca, Mo.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. John's Hospital</u>			
3. NAME OF DECEASED (Type or Print) <u>Albert Rinehart</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>March 12 1949</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>white</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>September 6, 1865</u>	
9. AGE (In years less birthday) <u>83</u>		10. IF UNDER 12 MONTHS: Hours _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) <u>Ohio</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>George W. Rinehart</u>		13b. MOTHER'S MAIDEN NAME <u>Anna Katherine Warren</u>	
14. NAME OF HUSBAND OR WIFE <u>Mary Caroline Rinehart</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Fred Rinehart</u>		ADDRESS <u>Seneca, rte 1, Mo.</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION <u>Renal</u> I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardiovascular disease</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>with Uremia as terminal event.</u> DUE TO (c) <u>Hypertension</u> II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>	
INTERVAL BETWEEN ONSET AND DEATH <u>not known</u>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>442X</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>3/11/49</u> , 19 <u>49</u> , to <u>3/12</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>3/12</u> , 19 <u>49</u> , and that death occurred at <u>4:35 P. m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>J. R. Crawford</u>		23b. ADDRESS <u>Joplin Mo.</u>	
23c. DATE SIGNED <u>3/14/49</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>Mar. 14, 1949</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Swers Prairie Baptist</u>		24d. LOCATION (City, town, or county) (State) <u>Newton Co. Missouri</u>	
DATE REC'D BY LOCAL REG. <u>3-14-49</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u>		ADDRESS <u>Seneca Mo</u>	

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 .....  
Student Embalmer

Signed *W E Billingsome*

Licensed Embalmer No. *2174*

P. O. Address *Seneca 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~~ If this body is not embalmed, fact should be so stated above.