

State File No. **14689**

FILED MAY 12 1949

BIRTH NO. _____		REG. DIST. NO. <u>314</u>		PRIMARY REG. DIST. NO. <u>6275</u>		Registrar's No. <u>14</u>	
1. PLACE OF DEATH a. COUNTY <u>Worth</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Worth</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR <u>Rural-Smith Township</u>		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR <u>Rural-Fletcher Township</u>			
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location) <u>Grant City</u>			
3. NAME OF DECEASED (Type or Print) <u>Albert</u>		a. (First)		b. (Middle) <u>Wesley</u>		c. (Last) <u>Rinehart</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>4 - 26 - 1949</u>		5. SEX <u>male</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	
8. DATE OF BIRTH <u>10-10-1858</u>		9. AGE (In years last birthday) <u>90</u>		10. IF UNDER 1 YEAR: Months <u>6</u> Days <u>16</u> Hours <u>45</u> Min. <u>5</u>		11. IF UNDER 24 HRS. Hours <u>45</u> Min. <u>5</u>	
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 <u>farming</u>		11. BIRTHPLACE (State or foreign country) <u>Ohio</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Fred Rinehart</u>		13b. MOTHER'S MAIDEN NAME <u>Elizabeth Good</u>		14. NAME OF HUSBAND OR WIFE <u>Jane Fry</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>Irvin Rinehart</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, asthma, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>arteriosclerosis of heart</u>		MEDICAL CERTIFICATION <u>arteriosclerosis of heart</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 yrs</u>	
ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b)		DUE TO (c)		410X	
H. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		H. OTHER SIGNIFICANT CONDITIONS <u>hypertension</u>		H. OTHER SIGNIFICANT CONDITIONS		5 yrs	
19a. DATE OF OPERATION <u>✓</u>		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>✓</u>		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) <u>✓</u>		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>4-2</u> , 19 <u>49</u> , to <u>4-26</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>4-27</u> , 19 <u>49</u> , and that death occurred at <u>7:00 a.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>E. F. Kase</u>		(Degree or title) <u>MD</u>		23b. ADDRESS <u>Grant City, Mo.</u>		23c. DATE SIGNED <u>4-27-49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>4-28 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Honey Grove</u>		24d. LOCATION (City, town, or county) (State) <u>Grant City, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>May 5-1949</u>		REGISTRAR'S SIGNATURE <u>Edw. E. Dawson</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Arch C. Dunfee</u>		ADDRESS <u>Grant City, Mo.</u>	

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

(Licensed Embalmer's Statement on Reverse Side)

DISTRICT HEALTH OFFICE
Cameron, Mo.

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.....

Arch C. Duffell

Licensed Embalmer No. *3252*

P. O. Address *Hunt City, 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, fact should be so stated above.