

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **38261**

FILED DEC 13 1949

BIRTH NO. _____ REG. DIST. NO. **275** PRIMARY REG. DIST. NO. **3053** Registrar's No. **160**

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

1. PLACE OF DEATH a. COUNTY Phelps b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rolla c. LENGTH OF STAY (in this place) d. FULL NAME OF HOSPITAL OR INSTITUTION 1104 Elm		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Phelps c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rolla d. STREET ADDRESS (If rural, give location) 1104 Elm St.	
3. NAME OF DECEASED (Type or Print) a. (First) C. b. (Middle) Phillip c. (Last) Reinoehl		4. DATE OF DEATH (Month) (Day) (Year) November 16, 1949	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Feb. 15, 1856
9. AGE (In years last birthday) 93		IF UNDER 1 YEAR Months 9 Days 1	IF UNDER 1 WEEK Hours 1 Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired		10b. KIND OF BUSINESS OR INDUSTRY Merchant	11. BIRTHPLACE (State or foreign country) Hebron, Illinois
12. CITIZEN OF WHAT COUNTRY? U.S. A.			
13a. FATHER'S NAME Phillip Reinoehl		13b. MOTHER'S MAIDEN NAME Sarah R. Saul	14. NAME OF HUSBAND OR WIFE Laura E. Reinoehl
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.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Clyde O. Reinoehl, 1104 Elm Rolla, Mo.
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) acute Cholecystitis		INTERVAL BETWEEN ONSET AND DEATH 2 days	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) _____ DUE TO (c) _____	
II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Senility		585x	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
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)	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>11-14, 1949</u>, to <u>11-16, 1949</u>, that I last saw the deceased alive on <u>11-16, 1949</u>, and that death occurred at <u>6:30 p. m.</u>, from the causes and on the date stated above.			
23a. SIGNATURE <i>E. E. F. ...</i> (Degree or title)		23b. ADDRESS Box 534 Rolla, Mo.	23c. DATE SIGNED 11-18-49
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Nov. 18, 1949	24c. NAME OF CEMETERY OR CREMATORY Rolla	24d. LOCATION (City, town, or county) (State) Rolla, Missouri
DATE REC'D BY LOCAL REG. 12-5-49	REGISTRAR'S SIGNATURE <i>Nadine L. Stoll</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>...</i>	ADDRESS Rolla, Missou

RECEIVED

Phelps County Health Officer,

County File Number _____

Date Filed 12-10-49

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. H. Halloway*

Licensed Embalmer No. 3643

P. O. Address Rolla, Missouri

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.