

FILED FEB 2 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 2037

BIRTH NO. _____ REG. DIST. NO. 275 PRIMARY REG. DIST. NO. 5941 Registrar's No. 8

1. PLACE OF DEATH a. COUNTY Phelps		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Phelps	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural-Miller twp.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rolla	
d. FULL NAME OF HOSPITAL OR INSTITUTION Route 3 Rolla, Mo.		d. STREET ADDRESS (If rural, give location) 213 E. 8th St.	
3. NAME OF DECEASED (Type or Print) a. (First) OLIVE		b. (Middle) FRANCES	
c. (Last) REINKEMEYER		4. DATE OF DEATH (Month) (Day) (Year) Jan. 17, 1950	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Spt. 13, 1924
9. AGE (In years last birthday) 25		# UNDER 1 YEAR Months	# UNDER 12 HRS. Hours
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) St. Louis, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Carl See		13b. MOTHER'S MAIDEN NAME Pearl Gregory	
14. NAME OF HUSBAND OR WIFE LaVerne Reinkemeyer			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. ✓	
17. INFORMANT'S SIGNATURE OR NAME LaVerne Reinkemeyer		ADDRESS Rolla, Mo.	
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, atherosclerosis, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pneumonia ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Tuberculosis Pulmonary type. DUE TO (c) Exposure. II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION. None	
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 1-16-50, 19 50, to 1-17-50, 19 50, that I last saw the deceased alive on 1-17-50, 19 50, and that death occurred at 5 P. m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) H. H. Davis M.D.		23b. ADDRESS Pox 521 Rolla, Mo.	
23c. DATE SIGNED 1-20-50			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 1/20/50	
24c. NAME OF CEMETERY OR CREMATORY Rolla Cemetery		24d. LOCATION (City, town, or county) (State) Rolla, Mo.	
DATE REC'D BY LOCAL REG. 1-24-50		REGISTRAR'S SIGNATURE Nadine L. Stocco 380	
25. FUNERAL DIRECTOR'S SIGNATURE Paul E. Null		ADDRESS Rolla, Mo.	

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

0810

0212
0

no 2x

RECEIVED

Phelps County Health Officer,

County File Number _____

Date Filed 2-1-50

JUL 10 1950

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 _____

La Vega E. Brown

Student Embalmer No. 345

working under my personal supervision.

Student La Vega E. Brown
Student Embalmer

Signed Paul E. Null

Licensed Embalmer No. 4498

P. O. Address Rolla, 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.