

FILED APR 7 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 79617

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 387 PRIMARY REG. DIST. NO. 4085 Registrar's No. 9

0170

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

1. PLACE OF DEATH a. COUNTY <b>Cayroll</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo.</b> b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Hale Mo.</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Hale Mo.</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Jesse</b> b. (Middle) _____ c. (Last) <b>Rhinhardt</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Feb. 17-1950</b>	
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5. SEX <b>M.</b>	6. COLOR OF RACE <b>W.</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Single</b>	8. DATE OF BIRTH <b>Aug 2 1891</b>	9. AGE (In years last birthday) <b>58</b> IF UNDER 1 YEAR Months <b>5</b> Days <b>15</b> Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Laber</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Laber</b>	11. BIRTHPLACE (State or foreign country) <b>Mo. near Hale</b>	12. CITIZEN OF WHAT COUNTRY? _____
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13a. FATHER'S NAME <b>Michael Rhinhardt</b>	13b. MOTHER'S MAIDEN NAME <b>Kate Mahoney</b>	14. NAME OF HUSBAND OR WIFE _____
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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 <b>Jesse Rhinhardt</b> ADDRESS <b>Hale Mo</b>
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH  <b>443X</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral vascular accident</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>arteriosclerosis</b> DUE TO (c) <b>hypertensive Cardiovascular dis.</b>		
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 _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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 **1 Oct. 19 48** to **9 Jan. 19 50** that I last saw the deceased alive on **9 Jan. 19 50** and that death occurred at **6:35 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Carroll Wansuollen M.D.</b>	23b. ADDRESS <b>Tina Mo.</b>	23c. DATE SIGNED <b>21 Mar 50</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>Feb. 18, 1950</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Hale Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>near Hale, Mo</b>
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DATE REC'D BY LOCAL REG. <b>Mar. 24, 1950</b>	REGISTRAR'S SIGNATURE <b>Max Rex Henderson</b>	25. GENERAL DIRECTOR'S SIGNATURE <b>Frank E. Slater</b> ADDRESS <b>Hale Mo</b>
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RECEIVED MAR 27  
District Health Officer No. 8,  
District File Number.....  
Date Filed 4-6-50

MAR 17 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.....

..... Student Embalmer No. ....  
working under my personal supervision.

Student .....  
Student Embalmer

Signed Frank E. Slater

Licensed Embalmer No. 937

P. O. Address W. Va. 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.