

FILED APR 29 1950

STANDARD CERTIFICATE OF DEATH

State File No. 12221

BIRTH NO.		REG. DIST. NO. 53		PRIMARY REG. DIST. NO. 3010		Registrar's No. 128	
1. PLACE OF DEATH a. COUNTY Cape Girardeau				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY Cape Girardeau			
b. CITY (If outside corporate limits, write RURAL and give CITY township) Cape Girardeau		c. LENGTH OF STAY (in this place) 12 yrs.		c. CITY (If outside corporate limits, write RURAL and give township) Cape Girardeau		0160	
d. FULL NAME OF HOSPITAL OR INSTITUTION R.F.D. #2				d. STREET ADDRESS (If rural, give location) R.F.D. #2			
3. NAME OF DECEASED (Type or Print) Lorene Virginia Rhyme		a. (First)		b. (Middle) Virginia		c. (Last) Rhyme	
4. DATE OF DEATH April 15 1950		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH OCT 2 1919		9. AGE (In years last birthday) 30 years	
5. SEX F		6. COLOR OR RACE White		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Own Home	
11. BIRTHPLACE (State or foreign country) Crosstown Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME FELIX SANDLIN		13b. MOTHER'S MAIDEN NAME BERTHA STRICKLAND	
14. NAME OF HUSBAND OR WIFE HARRY RHYNE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Harry Rhyme	
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypertotic pneumonia				INTERVAL BETWEEN ONSET AND DEATH 24 hrs	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) Transition + debilitation		1 year		DUE TO (c) Primary military tuberculosis	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				2 years		0192	
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) 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 7/16/48, 19, to 4/15, 1950, that I last saw the deceased alive on 4/15, 1950, and that death occurred at 1:22A m., from the causes and on the date stated above.							
23a. SIGNATURE Eugene England				(Degree or title) 202		23b. ADDRESS 202 Spring St	
23c. DATE SIGNED April 17, 1950		24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 4-17-50		24c. NAME OF CEMETERY OR CREMATORY Crosstown Baptist	
24d. LOCATION (City, town, or county) Crosstown		(State) MISSOURI		25. FUNERAL DIRECTOR'S SIGNATURE O. J. Lorberg		ADDRESS Cape Girardeau, Mo	
DATE REC'D BY LOCAL REG. 4-17-1950		REGISTRAR'S SIGNATURE C. E. Summers		44			

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300

164

RECEIVED

APR 24 1950

DISTRICT HEALTH OFFICE No.

FILE No. 450-612

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 _____

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

Student
Student Embalmer

Signed *C. J. Lorberg* _____
Licensed Embalmer No. *3810* _____
P. O. Address *Cape Girardeau, 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.