

FILED JUL 14 1950 THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

20894
State File No. _____
Registrar's No. 80

BIRTH NO. _____ REG. DIST. NO. 200 PRIMARY REG. DIST. NO. 5726

1. PLACE OF DEATH a. COUNTY <u>MAcon</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>MAcon</u>	
b. CITY (If outside corporate limits, write RURAL and give township): OR TOWN <u>Middle Fork</u>		c. CITY (If outside corporate limits, write RURAL and give township): OR TOWN <u>Middle Fork (Rural)</u>	
c. LENGTH OF STAY (in this place) <u>70 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>R.F.D. Anabel 0615</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>R.F.D. #2 Anabel</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>George</u> b. (Middle) <u>Frances</u> c. (Last) <u>Reinhart</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>June 15 1950</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>Dec 29, 1876</u>
9. AGE (In years last birthday) <u>73</u>	10. MONTHS <u>5</u>	11. DAYS <u>17</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Own Farm</u>	
11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>John Reinhart</u>		13b. MOTHER'S MAIDEN NAME <u>unknown</u>	
14. NAME OF HUSBAND OR WIFE <u>Deceased.</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>No.</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Alfred Reinhart</u>		ADDRESS <u>Cairo, Mo.</u>	
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) <u>Cerebral Embolism</u> INTERVAL BETWEEN ONSET AND DEATH <u>30 min.</u> *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arterio Sclerosis.</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>332X</u>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) (Min.)		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>June 15, 1950</u> , to <u>June 15, 1950</u> that I last saw the deceased alive on <u>June 15, 1950</u> , and that death occurred at <u>8:55 Am.</u> (from the causes and on the date stated above.			
23a. SIGNATURE <u>Ed Massey M.D.</u>		23b. ADDRESS <u>Macon, Mo.</u>	
23c. DATE SIGNED <u>6/19/50</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>June 17, 1950</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Bethlehem</u>		24d. LOCATION (City, town, or county) (State) <u>R.F.D. MAcon Mo.</u>	
DATE REC'D BY LOCAL REG. <u>6/24/50</u>		REGISTRAR'S SIGNATURE <u>Ruth McNeely</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Stephan E. Gooding</u>		ADDRESS <u>Macon, Mo.</u>	

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

RECEIVED 7-3-50
MACON COUNTY HEALTH DEPARTMENT

County File No. 7-50-139

Date Filed 7-13-50

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.

Signed Charles L. Hutton

Signed.....
Student Embalmer

Licensed Embalmer No. 4577

P. O. Address Macon, 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.