

S. No. 300
V. 10.48

FILED AUG 16 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

27353

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 164 PRIMARY REG. DIST. NO. 3032 Registrar's No. 96

1. PLACE OF DEATH a. COUNTY <u>County, Johnson,</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u>		b. COUNTY <u>Pettis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Warrensburg,</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Sedalia</u>		c. LENGTH OF STAY (in this place) <u>0804</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Naces Nursing Home</u>		d. STREET ADDRESS (If rural, give location) <u>812 East 10th St.,</u>			

3. NAME OF DECEASED (Type or Print) <u>William Reinert,</u>	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) <u>July 27, 1950</u>
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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>September 4, 1859</u>	9. AGE (In years last birthday) <u>90</u>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 YEAR Hours	IF UNDER 1 YEAR Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Boilermaker</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Rail road</u>	11. BIRTHPLACE (State or foreign country) <u>Cole Camp, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>0</u>
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13a. FATHER'S NAME <u>Benhart Reinert</u>	13b. MOTHER'S MAIDEN NAME <u>Tresia Lupher</u>	14. NAME OF HUSBAND OR WIFE <u>Lucy Reinert</u>
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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) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Roy M. Reinert,</u>	ADDRESS <u>812 E. 10th, Sedalia; Mo</u>
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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 <u>?</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Valvular Disease</u>		
	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. <u>Enlarged Prostate</u>		<u>4214</u>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>✓</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>✓</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Warrensburg Johnson, Mo</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) <u>✓</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>✓</u>

22. I hereby certify that I attended the deceased from July 20, 1950, to July 27, 1950, that I last saw the deceased alive on July 27, 1950, and that death occurred at 3:00 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Wm. Hoover</u>	23b. ADDRESS <u>1540 W. Center, Mo</u>	23c. DATE SIGNED <u>July 27-50</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>July 29, 1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Crown Hill Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Sedalia, Mo</u>
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DATE REC'D BY LOCAL REG. <u>July 28, 1950</u>	REGISTRAR'S SIGNATURE <u>Savannah P. [Signature]</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>W. Beckert</u>	ADDRESS <u>Sedalia, Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
AUG 8 1950
RECEIVED

JOHNSON COUNTY HEALTH DEPT

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. Beckwith*

Licensed Embalmer No. *3470*

P. O. Address *Sedalia 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.