

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 3043 Registrar's No. 337

644
0.

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

1. PLACE OF DEATH a. COUNTY <u>Marion</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Marion</u>	
b. CITY OR TOWN <u>Harrison</u> c. LENGTH OF STAY (in this place)		c. CITY OR TOWN <u>Harrison</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Leveering Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>1813 Chestnut St</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Myra</u> b. (Middle) <u>-</u> c. (Last) <u>Rhino</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 16, 1950</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>	8. DATE OF BIRTH <u>June 6, 1869</u>	9. AGE (In years last birthday) <u>81</u>	IF UNDER 1 YEAR Months <u>3</u>	IF UNDER 1 HR. Hours <u>10</u> Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Harrison, Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Custarus Rhino</u>	13b. MOTHER'S MAIDEN NAME <u>Mary Jane Smith</u>	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) <u>no</u>	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <u>Delmer Rhine</u> ADDRESS <u>828 Bird Harrison 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
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary occlusion</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary 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>4201</u>

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)
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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?
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22. I hereby certify that I attended the deceased from Aug 14, 1950 to Sept 16, 1950, that I last saw the deceased alive on 16 Sept 1950, and that death occurred at 1:00 P. m., from the causes and on the date stated above.

23a. SIGNATURE <u>M. R. Bell</u> (Degree or title) <u>MD</u>	23b. ADDRESS <u>Harrison Mo.</u>	23c. DATE SIGNED <u>Sept 16, 1950</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>9-18-50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St. Olive Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Harrison Marion Mo</u>
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DATE REC'D BY LOCAL REG. <u>Oct 2 '50</u>	REGISTRAR'S SIGNATURE <u>W. E. M. Lucke</u>	FUNERAL DIRECTOR'S SIGNATURE <u>James O'Connell</u> ADDRESS <u>Harrison Mo</u>
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RECEIVED OCT 5 1950

REGION NO. HEALTH DEPT.

LATE FILED OCT 6 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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

Michael J. O'Sullivan

Signed.....

Student Embalmer

Licensed Embalmer No. 3246

P. O. Address Hannibal 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.