

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

20936

State File No.

FILED JUL 14 1952

BIRTH NO. _____ REG. DIST. NO. 160 PRIMARY REG. DIST. NO. 3030 Registrar's No. 49

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

1. PLACE OF DEATH a. COUNTY <u>Jefferson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jefferson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Festus</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Festus</u>	
c. LENGTH OF STAY (in this place) _____		d. STREET ADDRESS (If rural, give location) <u>W. Main St.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION _____			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Bertrude</u> b. (Middle) <u>Mabel</u> c. (Last) <u>Rhyneer</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>June 29 - 1952</u>		
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	
8. DATE OF BIRTH <u>Aug. 3 - 1884</u>		9. AGE (in years last birthday) <u>67</u>		10. IF UNDER 1 YEAR Months <u>10</u> Days <u>26</u>	
11. BIRTHPLACE (State or foreign country) <u>Washington Co. Mo.</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>housekeeper</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) _____	

13a. FATHER'S NAME <u>Henry Bennett</u>		13b. MOTHER'S MAIDEN NAME <u>Sarah Callahan</u>		14. NAME OF HUSBAND OR WIFE <u>John Rhyneer</u>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>498-10-9790</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Nadine Sparks</u> ADDRESS <u>5524 Partidge St. Louis 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>Hypertensive cardio vascular disease</u>		ANTECEDENT CAUSES				Interval <u>several days</u>	
DUE TO (b) <u>cerebral accident</u>		Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				Interval <u>several days</u>	
DUE TO (c) <u>left sided paralysis</u>		II. OTHER SIGNIFICANT CONDITIONS				Interval _____	
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) <u>1143X</u>	
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 2-24, 1947, to 6-29, 1952, that I last saw the deceased alive on 6-29, 1952 and that death occurred at 11: p.m., from the causes and on the date stated above.

22a. SIGNATURE <u>[Signature]</u> (Degree or title) _____		23b. ADDRESS <u>Crystal City Mo.</u>		23c. DATE SIGNED <u>7-1-52</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>July 2 - 1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Festus Methodist Cem</u>		24d. LOCATION (City, town, or county) (State) <u>Festus Mo.</u>	
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DATE REC'D BY LOCAL REG. <u>July 1, 1952</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u> <u>444-</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u> ADDRESS <u>H.S. Vinyard Festus Mo</u>	
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JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI
DATE RECEIVED JUL 7 1952

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 James J. Combsford

Licensed Embalmer No. 4744

P. O. Address Capital City, 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.