

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 23778

FILED JUL 25 1952

BIRTH NO.

REG. DIST. NO. 43

PRIMARY REG. DIST. NO. 3007

Registrar's No. 11337

1. PLACE OF DEATH a. COUNTY <i>Butler</i>			2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <i>Missouri</i> b. COUNTY <i>Stoddard</i>		
b. CITY (If outside corporate limits, write RURAL and give township) <i>Poplar Bluff</i>		c. LENGTH OF STAY (In this place) <i>5 hrs</i>	c. CITY (If outside corporate limits, write RURAL and give township) <i>Rural Duck Creek twsp</i>		d. STREET ADDRESS (If rural, give location) <i>Puxico Mo 103</i>
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>Poplar Bluff Hospital</i>					
3. NAME OF DECEASED (Type or Print) a. (First) <i>Norman</i>		b. (Middle) <i>Victor</i>	c. (Last) <i>Reinert</i>	4. DATE OF DEATH (Month) (Day) (Year) <i>June 27 1952</i>	
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Never Married</i>	8. DATE OF BIRTH <i>Sept. 3 1934</i>	9. AGE (In years last birthday) <i>17</i>	10. MONTHS <i>9</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Farming on school</i>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <i>Puxico Mo</i>		12. CITIZEN OF WHAT COUNTRY? <i>USA</i>	
13a. FATHER'S NAME <i>Frank Reinert</i>		13b. MOTHER'S MAIDEN NAME <i>Flora Morgan</i>		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>no</i>		16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <i>Frank Reinert</i>		ADDRESS <i>Puxico Mo</i>
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Shock and peritonitis</i>		INTERVAL BETWEEN ONSET AND DEATH <i>5 hrs</i>
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Perforated gastric ulcer</i>			DUE TO (c)		5401
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION <i>June 29 1952</i>	19b. MAJOR FINDINGS OF OPERATION <i>acute perforation ulcer of stomach</i>			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) (Minute) <i>11:30 a.m.</i>	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 <i>6-27 1952</i> to <i>6-27 1952</i> ; that I last saw the deceased alive on <i>6-27 1952</i> , and that death occurred at <i>5:00 p.m.</i> , from the causes and on the date stated above.					
23a. SIGNATURE <i>Norman O. Johnson</i>			(Degree or title) <i>MD</i>	23b. ADDRESS <i>Stoddard Mo</i>	23c. DATE SIGNED <i>7-3-52</i>
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24b. DATE <i>June 29 1952</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Puxico Cemetery</i>	24d. LOCATION (City, town, or county) (State) <i>Puxico Mo</i>		
DATE REC'D BY LOCAL REG. <i>7-14-52</i>	REGISTRAR'S SIGNATURE <i>Norman O. Johnson</i>		428-1	25. FUNERAL DIRECTOR'S SIGNATURE <i>Flora Morgan</i>	ADDRESS <i>Puxico Mo</i>

(Licensed Embalmer's Statement on Reverse Side)

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

0124  
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F. . . . .  
JUL 23 1952  
BUTLER CO. HEALTH CENTER  
FILE No. 752-372

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 William H. Mayan  
Licensed Embalmer No. 4640  
P. O. Address Advance, 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.