

S. No. 300
v. 10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **27673**

AUG 26 1952

BIRTH NO. _____ REG. DIST. NO. 116 PRIMARY REG. DIST. NO. 3020 Registrar's No. 124

1. PLACE OF DEATH a. COUNTY Franklin.		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri. b. COUNTY Franklin.	
b. CITY (If outside corporate limits, write RURAL and give township) Washington.	c. LENGTH OF STAY (in this place) 20 yrs.	c. CITY (If outside corporate limits, write RURAL and give township) Washington. 0362	
d. FULL NAME OF HOSPITAL OR INSTITUTION 226 Rand St.		d. STREET ADDRESS (If rural, give location) 226 Rand St. 0	

3. NAME OF DECEASED (Type or Print)	a. (First) Vada	b. (Middle) Florene	c. (Last) Reinsch.	4. DATE OF DEATH (Month) (Day) (Year) Aug. 20th, 1952.
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced 2	8. DATE OF BIRTH Oct. 18th, 1911.	9. AGE (in years last birthday) 40	IF UNDER 1 YEAR Months 10 Days 3	IF UNDER 24 HRS. Hours 3 Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Factory Work, at	10b. KIND OF BUSINESS OR INDUSTRY Rite Point Co.	11. BIRTHPLACE (State or foreign country) High Gate, Mo. 0	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Everett J. Harrison,	13b. MOTHER'S MAIDEN NAME Etta Mizell.	14. NAME OF HUSBAND (If deceased) Hubert H. Reinsch.
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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) No.	16. SOCIAL SECURITY NO. 491-16-7023	17. INFORMANT'S SIGNATURE OR NAME Mrs. Carmoleta Spurgeon	ADDRESS Washington, Mo.
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 2 1/2 hrs
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Adverse reaction to aspirin		
	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. 171X			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION operation at Ellis Hospital, normal range expressed	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)
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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
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22. I hereby certify that I attended the deceased from June 4, 1951, to Aug 20, 1952, that I last saw the deceased alive on Aug 20, 1952, and that death occurred at 9:20 P.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) J. L. M. ...	23b. ADDRESS Washington, Mo.	23c. DATE SIGNED 8/21/52
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial.	24b. DATE Aug. 23, 1952.	24c. NAME OF CEMETERY OR CREMATORY High Gate Cemetery,	24d. LOCATION (City, town, or county) (State) High Gate, Mo.
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DATE REC'D BY LOCAL REG. Aug. 22, 1952	REGISTRAR'S SIGNATURE J. P. Hudson	25. FUNERAL DIRECTOR'S SIGNATURE Nielburg & Vitt, Inc.	ADDRESS Washington, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

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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

Jerome F. Swoboda

Licensed Embalmer No. 4507

P. O. Address Washington

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.