

NOV 14 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37475

State File No.

BIRTH NO. _____ REG. DIST. NO. 372 PRIMARY REG. DIST. NO. 6263 Registrar's No. 27

1. PLACE OF DEATH a. COUNTY WEBSTER		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MO		b. COUNTY WEBSTER	
b. CITY (If outside corporate limits, write RURAL and give town) Rural Finley Twp.		c. LENGTH OF STAY (In this place)		c. CITY (if outside corporate limits, write RURAL and give township) 1120	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS — (If rural, give location) 0			

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) OSCAR	b. (Middle) F	c. (Last) REINHART	(Month) 10	(Day) 31	(Year) 52

5. SEX M.	6. COLOR OR RACE W.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH 3-25-1889	9. AGE (In years last birthday) 63	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMING	10b. KIND OF BUSINESS OR INDUSTRY FARMING	11. BIRTHPLACE (State or foreign country) MO	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME CLINTON REINHART	13b. MOTHER'S MAIDEN NAME MANNIE HOOKER	14. NAME OF HUSBAND OR WIFE ALICE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or date of service) Yes 1918	16. SOCIAL SECURITY NO. F 1918 495-07-368	17. INFORMANT'S SIGNATURE OR NAME ALICE REINHART SEYMOUR MO	ADDRESS
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Tachycardia (Nobility pay)		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Acute + Chronic Coronary Thrombosis		
	DUE TO (c) Atherosclerosis		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 4201	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) (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 Sept-6, 1952, to 10-31, 1952, that I last saw the deceased alive on 10-29, 1952, and that death occurred at 3:30 P.M., from the causes and on the date stated above.

23a. SIGNATURE J.R. Hill	(Degree or title) D.O.	23b. ADDRESS Seymour Mo	23c. DATE SIGNED 11/1/52
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 11-3-52	24c. NAME OF CEMETERY OR CREMATORY Rescent Hill	24d. LOCATION (City, town, or county) (State) BATES CO MO
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DATE REC'D BY LOCAL REG. 11-7-52	REGISTRAR'S SIGNATURE Hilbert Jones	25. FUNERAL DIRECTOR'S SIGNATURE Robert Bergman	ADDRESS Seymour Mo
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(Licensed Embalmer's Statement on Reverse Side)

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

NOV 17 1932

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 *Don A. Farrell*.....

Licensed Embalmer No. *4847*.....

P. O. Address *Manfield, 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.