

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 39237

FILED NOV 20 1952

BIRTH NO. _____ REG. DIST. NO. 159 PRIMARY REG. DIST. NO. 4249 Registrar's No. 80

1. PLACE OF DEATH a. COUNTY Jeff.		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY Jefferson	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Hillsboro	c. LENGTH OF STAY (in this place) 2yr. 6mo.	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN unknown Danby	0500
d. FULL NAME OF HOSPITAL OR INSTITUTION Cedar Grove Nursing Home		d. STREET ADDRESS (If rural, give location) unknown	

3. NAME OF DECEASED a. (First) Christ b. (Middle) Rinke c. (Last) Rinke			4. DATE OF DEATH (Month) (Day) (Year) Oct. 31, 1952
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5. SEX male 0	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) single U	8. DATE OF BIRTH unknown Nov. 2, 1882	9. AGE (In years, last birthday) (Months) (Days) (Hours) (Min.) 69 11 29
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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 General Farming	11. BIRTHPLACE (State or foreign country) unknown DeSoto, Mo. 0	12. CITIZEN OF WHAT COUNTRY? U.S.A
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13a. FATHER'S NAME unknown Chris Rinke, Sr.	13b. MOTHER'S MAIDEN NAME unknown Mary Gansner	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)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME Mrs. H. L. Martin-Pestus, Mo. R#1	ADDRESS unknown
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) B y suffocation in fire at Cedar Grove Nursing Home at Hillsboro, Mo.		INTERVAL BETWEEN ONSET AND DEATH
* This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	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.		E9167 40

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) 050
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?

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <i>Carl Long Cowner</i>	23b. ADDRESS R.R. 1 De Soto, MO.	23c. DATE SIGNED 11/1/52
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24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE Nov. 2, 1952	24c. NAME OF CEMETERY OR CREMATORY Danby Methodist	24d. LOCATION (City, town, or county) (State) Danby Mo.
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DATE REC'D BY LOCAL REG. 11-1-52	REGISTRAR'S SIGNATURE <i>Fredson Marsden</i>	FUNERAL DIRECTOR'S SIGNATURE <i>Geanty R. Polite</i>	ADDRESS <i>Crystal City, Mo.</i>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI
DATE RECEIVED NOV 14 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.....

.....
working under my personal supervision.

Student Embalmer No.

Signed..... *Gentry R. Polittle*

Signed.....
Student Embalmer

Licensed Embalmer No. *3481*

P. O. Address *Crystal 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.