

STANDARD CERTIFICATE OF DEATH

41722

State File No.

FILED JAN 9 1953 REG. DIST. NO. 53 PRIMARY REG. DIST. NO. 3010 Registrar's No. 402

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

1. PLACE OF DEATH a. COUNTY Cape Girardeau		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Stoddard	
b. CITY (If outside corporate limits, write RURAL and give township) Cape Girardeau		c. LENGTH OF STAY (in this place) 2 days	
c. CITY (If outside corporate limits, write RURAL and give township) rural 5 mi N. Parma		d. STREET ADDRESS (If rural, give location) 1030 /	
d. FULL NAME OF HOSPITAL OR INSTITUTION S. F. Missouri Hospital			
3. NAME OF DECEASED a. (First) Dennis b. (Middle) Robert c. (Last) Reinbott			4. DATE OF DEATH (Month) (Day) (Year) Dec 23 1952
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Inf 1	8. DATE OF BIRTH Dec 18 1952
9. AGE (In years last birthday) —	10. UNDER 1 YEAR (Months) —	11. UNDER 5 YEARS (Days) 5	12. UNDER 10 YEARS (Hours) —
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none		10b. KIND OF BUSINESS OR INDUSTRY —	11. BIRTHPLACE (State or foreign country) mo
12. CITIZEN OF WHAT COUNTRY? U.S.			
13a. FATHER'S NAME Robert Reinbott		13b. MOTHER'S MAIDEN NAME Cathleen Moore	
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)		16. SOCIAL SECURITY NO. —	
17. INFORMANT'S SIGNATURE OR NAME Robert Reinbott		ADDRESS Parma MO; Rt 1	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Erythroblastosis INTERVAL BETWEEN ONSET AND DEATH 6 days ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) _____ rise to the above cause (a) stating the underlying cause last. DUE TO (c) _____ 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	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		7700	
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) (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 20 Dec., 1952 , to 24 Dec., 1952 , that I last saw the deceased alive on 23 Dec., 1952 , and that death occurred at 4:20 A.M. , from the causes and on the date stated above.			
23a. SIGNATURE James A. Kinder, Jr. M.D.		23b. ADDRESS Cape Girardeau, MO.	
23c. DATE SIGNED 5 Jan 53			
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE Dec Dec 24 1952	
24c. NAME OF CEMETERY OR CREMATORY Memorial Park		24d. LOCATION (City, town, or county) (State) Malden MO;	
DATE REC'D BY LOCAL REG. 1-5-53		REGISTRAR'S SIGNATURE To. C. Summers	
25. FUNERAL DIRECTOR'S SIGNATURE Watkins Funeral Sls.		ADDRESS Parma MO;	

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 *Walter Mark Watkins*

Licensed Embalmer No. *4717*

P. O. Address *Dexter, 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.