

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

43764

State File No. \_\_\_\_\_

FILED DEC 24 1952

REG. DIST. NO. 318

1003

Registrar's No. 10792

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Lincoln</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		c. LENGTH OF STAY (In this place) <u>3 wks</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Missouri Baptist Hosp.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural (Olney Twp.)</u> <u>0570</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>XXXXXXXXX</u> b. (Middle) <u>Alonzo M.</u> c. (Last) <u>Rinaman</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 20 1952</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Feb. 24. 1888</u>
9. AGE (In years last birthday) <u>64</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Meat Inspector Ret. Packing Plant</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Texarkana, Texas</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (City and State or Foreign Country)		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>William H. Rinaman</u>		13b. MOTHER'S MAIDEN NAME <u>Martha J. Jones</u>	
14. NAME OF HUSBAND OR WIFE <u>Anna Sheets Rinaman</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes WWI</u>	
16. SOCIAL SECURITY NO. <u>Unknown</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs Anna S. Rinaman Olney Missouri</u>	
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocarditis c Failure</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>Virus Pneumonia</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? _____		21g. _____ <u>492x</u>	
22. I hereby certify that I attended the deceased from <u>Sept. 1952</u> , to <u>Nov. 21, 1952</u> , that I last saw the deceased alive on <u>Nov. 21, 1952</u> , and that death occurred at <u>4:10 P.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE: <u>Joseph B. Conroy</u> (Degree or title)		23b. ADDRESS: <u>906 Olive St</u>	
23c. DATE SIGNED: <u>11-24-52</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE: <u>11/23/1952</u>		24c. NAME OF CEMETERY OR CREMATORY: <u>Olney Cemetery</u>	
24d. LOCATION (City, town, or county) (State): <u>Olney, Missouri</u>		25. FUNERAL DIRECTOR'S SIGNATURE: <u>Kemper Funeral Home Troy, Missouri</u>	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE: <u>NOV 24 1952</u>		25. FUNERAL DIRECTOR'S SIGNATURE: _____ ADDRESS: _____	

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

Dr. J. E. Carney  
Joseph E  
Frisco Bldg.  
900 Olive  
Da 0198

MAY 6 1933

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, JEM

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed Joseph J. March  
Licensed Embalmer No. 3932

P. O. Address Troy, Missouri.

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.