

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **17815**

FILED MAY 19 1953

BIRTH NO. _____ REG. DIST. NO. **135** PRIMARY REG. DIST. NO. **4210** Registrar's No. **1**

1. PLACE OF DEATH a. COUNTY Harrison 0410		2. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) a. STATE Mo b. COUNTY Harrison	
b. CITY (If outside corporate limits, write RURAL and give township) Ridgeway		c. CITY (If outside corporate limits, write RURAL and give township) 0410	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) d	
d. FULL NAME OF HOSPITAL OR INSTITUTION Home North Main			

3. NAME OF DECEASED (Type or Print) a. (First) Eliza b. (Middle) Ellen c. (Last) Rinchert	4. DATE OF DEATH (Month) (Day) (Year) 5-13-58
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2	8. DATE OF BIRTH Aug-15-1886	9. AGE (In years last birthday) 77	IF UNDER 1 YEAR Months 4 Days 29	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) Keep of her home	10b. KIND OF BUSINESS OR INDUSTRY Keep of her home	11. BIRTHPLACE (State or foreign country) Benjamin Co. Ill.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Mass Johnson	13b. MOTHER'S MAIDEN NAME May Kent	14. NAME OF HUSBAND OR WIFE Rita Rinchert Deceased
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give date of service) no	16. SOCIAL SECURITY NO. no	17. INFORMANT'S SIGNATURE OR NAME Elmer Rinchert Ridgeway Mo	ADDRESS Ridgeway Mo
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral hemorrhage		INTERVAL BETWEEN ONSET AND DEATH 1 hour
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Influenza - sensitivity		
	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 <input checked="" type="checkbox"/>	19b. MAJOR FINDINGS OF OPERATION <input checked="" type="checkbox"/>	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) 481X
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ m.	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 **Jan 9, 1953**, to **May 13, 1953**, that I last saw the deceased alive on **May 10, 1953**, and that death occurred at **9:00 A. m.**, from the causes and on the date stated above.

23a. SIGNATURE Lela Brewer M.D.	23b. ADDRESS Ridgeway	23c. DATE SIGNED May 15, 1953
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24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE 5-16-53	24c. NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery	24d. LOCATION (City, town, or county) (State) 2. M. N. Ridgeway Mo
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DATE REC'D BY LOCAL REG. May 15 1953	REGISTRAR'S SIGNATURE Lela Brewer	25. FUNERAL DIRECTOR'S SIGNATURE Robert R. Boyer	ADDRESS Ridgeway Mo
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1 DEC 8 1959

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 *Robert R. Boggers*

Licensed Embalmer No. *9576*

P. O. Address *Midway 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.