

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36825

State File No. _____

FILED NOV 9 - 1953

BIRTH NO. _____ REG. DIST. NO. 280 PRIMARY REG. DIST. NO. 15948 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY <u>Platte</u>		2. USUAL RESIDENCE (Where deceased lived. If not, give place of birth) a. STATE <u>Mo</u> b. COUNTY <u>Platte</u>	
b. CITY OR TOWN <u>Platte City</u> c. LENGTH OF STAY (in this place)		c. CITY OR TOWN <u>Village of Oakwood</u> d. STREET ADDRESS <u>Route 4 North Kansas City Mo</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>on Highway 71 So of P.C.</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Richard</u> b. (Middle) <u>Paul</u> c. (Last) <u>REINKING</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 4 - 1953</u>		
5. SEX <u>male</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	
8. DATE OF BIRTH <u>Feb. 9 - 1927</u>		9. AGE (In years last birthday) <u>26</u>		10. IF UNDER 1 YEAR Months _____ Days _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Plumber</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Lumber</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Cedar Rapids Iowa</u>	
12. CITIZEN OF WHAT COUNTRY?					

13a. FATHER'S NAME <u>Paul H. Reinking</u>		13b. MOTHER'S MAIDEN NAME <u>Norma Zeller</u>		14. NAME OF HUSBAND OR WIFE <u>Camille Heddes</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>950-30-8811</u>		17. INFORMANT'S SIGNATURE OR NAME <u>R. Kenneth Elliott - N.K.C.</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>SKULL FRACTURE + INTERNAL INJURIES</u> <u>COMPOUND FRACTURE - LEFT LEG</u> <u>BOTH ARMS BROKEN</u>		19. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>SKULL FRACTURE + INTERNAL INJURIES</u> <u>COMPOUND FRACTURE - LEFT LEG</u> <u>BOTH ARMS BROKEN</u> DUE TO (b) <u>Deceased died approx 4 minutes after his wife Camille died.</u> DUE TO (c) <u>signed (R. H. Thomas)</u>		20. INTERVAL BETWEEN ONSET AND DEATH	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>ACCIDENT</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>HIGHWAY</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>PLATTE MO 083</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>11 - 4 - 53</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR <u>AUTO COLLISION</u>	

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) <u>Roland M. Gifford, Coroner</u>		23b. ADDRESS <u>Platte City, Mo.</u>		23c. DATE SIGNED <u>11-5-53</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>Nov 6 - 1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Hill Crest Memorial Park</u>	
24d. LOCATION (City, town, or county) (State) <u>Dallas Texas</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Spikman-Brand</u>		ADDRESS <u>Funeral Home Dallas, Tex.</u>	
DATE REC'D BY LOCAL REG. <u>11-5-53</u>		REGISTRAR'S SIGNATURE <u>Ophia Rallins</u>		57	

(Licensed Embalmers' Statement on Reverse Side)

No. 300
10.48
30
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FEB 17 1954

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, ~~_____~~

Student Embalmer No. _____

working under my personal supervision.

Student

Student Embalmer

Signed

Leland H. Francis

Licensed Embalmer No. 3451

P. O. Address Parkville, 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.