

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

42025

State File No. _____

No. 300
10.48

FILED JAN 8 1954

BIRTH NO. _____ REG. DIST. NO. 6 PRIMARY REG. DIST. NO. 3001 Registrar's No. 39

1. PLACE OF DEATH a. COUNTY <u>Audrain</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Audrain</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Vandalia</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Vandalia</u>	
c. LENGTH OF STAY (In this place) <u>20 years</u>		d. STREET ADDRESS (If rural, give location) <u>110 East Walsh</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>110 East Walsh</u>		e. STREET ADDRESS <u>110 East Walsh</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Rosa</u> b. (Middle) <u>Frances</u> c. (Last) <u>Riney</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Dec 26, 1953</u>		
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	
8. DATE OF BIRTH <u>June 16, 1897</u>		9. AGE (In years last birthday) <u>56</u>		IF UNDER 1 YEAR: Months <u>6</u> Days <u>10</u> IF UNDER 24 HRS. Hours <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, or if retired) <u>housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>		11. BIRTHPLACE (City and State, or Foreign Country) <u>Pike County, Missouri</u>	
12. CITIZEN OF WHAT COUNTRY? <u>US</u>		13a. FATHER'S NAME <u>James Robert Noel</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Ellen Nutter</u>	
13c. NAME OF HUSBAND OR WIFE <u>Raymond G. Riney</u>		14. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, not unknown) <u>No</u>		15. SOCIAL SECURITY NO. <u>None</u>	
14. NAME OF HUSBAND OR WIFE <u>Raymond G. Riney</u>		16. INFORMANT'S SIGNATURE OR NAME <u>Ray G. Riney, Vandalia, Missouri</u>		ADDRESS <u>Vandalia, Missouri</u>	

13a. FATHER'S NAME <u>James Robert Noel</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Ellen Nutter</u>		14. NAME OF HUSBAND OR WIFE <u>Raymond G. Riney</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, not unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Ray G. Riney, Vandalia, Missouri</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Ray G. Riney, Vandalia, Missouri</u>		ADDRESS <u>Vandalia, Missouri</u>			

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>2 years</u>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hodgkins Disease</u>		DUE TO (b) _____			
ANTECEDENT CAUSES Morbid conditions, if any, giving 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: <u>201 X</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) m.		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 10/2/53 19, to 12/26/53 19, that I last saw the deceased alive on 12/26/53 19, and that death occurred at 3:00 A.M., from the causes and on the date stated above.

23a. SIGNATURE <u>Frank Riney, MD</u> (Degree or title)		23b. ADDRESS <u>Vandalia Mo</u>		23c. DATE SIGNED <u>12/26/53</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) _____		24b. DATE <u>Dec 28, 1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Vandalia Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Vandalia, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>12/28/53</u>		REGISTRAR'S SIGNATURE <u>Dollie Fugate Williams</u>		FUNERAL DIRECTOR'S SIGNATURE <u>William B. Waters</u>		ADDRESS <u>Vandalia, Missouri</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

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

William B. Intus

Licensed Embalmer No. 4169

P. O. Address Vandalia 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.