

FILED JUL 13 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 18765

No. 300

10.48

BIRTH NO. _____ REG. DIST. NO. 142 PRIMARY REG. DIST. NO. 4731 Registrar's No. 29

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1. PLACE OF DEATH a. COUNTY <u>Howell</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE <u>Mo</u> b. COUNTY <u>Howell</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Mtn. View</u>		c. CITY OR TOWN <u>Mtn. View</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <u>42 yrs</u>		e. STREET ADDRESS (If rural, give location) <u>0460</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION			
3. NAME OF DECEASED (Type or Print) a. (First) <u>ANNA</u>		b. (Middle) _____ c. (Last) <u>Rinehart</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>July 5-1954</u>			
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>M</u>	8. DATE OF BIRTH <u>Apr. 20-1872</u>
9. AGE (In years last birthday) <u>82</u>		10. MONTHS <u>2</u> DAYS <u>15</u> HOURS <u></u> MIN. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY _____	
11. BIRTHPLACE (City and State or Foreign Country) <u>Howard Co. Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Thomas W. Todd</u>		13b. MOTHER'S MAIDEN NAME <u>India Frue</u>	
14. NAME OF HUSBAND OR WIFE <u>Jay Rinehart</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____		16. SOCIAL SECURITY NO. _____	
17. INFORMANT'S SIGNATURE OR NAME <u>Jay Rinehart</u>		ADDRESS <u>Mtn. View Mo</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>Myocardial Decompensation</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>mental depression</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 type="checkbox"/> NO <input checked="" type="checkbox"/>		3255	
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? _____			
22. I hereby certify that I attended the deceased from <u>1/20, 1950</u> , to <u>7/5, 1954</u> , that I last saw the deceased alive on <u>7/4, 1954</u> , and that death occurred at <u>5:30</u> m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>James R. Shaffer D.O.</u>		23b. ADDRESS <u>Mtn View Mo</u>	
23c. DATE SIGNED <u>7/9/54</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE _____	
24c. NAME OF CEMETERY OR CREMATORY <u>Newton Burial Park</u>		24d. LOCATION (City, town, or county) (State) <u>Nevada Mo.</u>	
DATE REC'D BY LOCAL REG. <u>7-9-54</u>		REGISTRAR'S SIGNATURE <u>Laura Mitchell</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>DUNCAN'S</u>		ADDRESS <u>Mtn. View, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

EMBALMER'S SIGNATURE

OCT 30 1958

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.....
Signature of Student Embalmer

Signed *John J. Heenan*.....

Licensed Embalmer No. *2571*.....

P. O. Address *M. Keen*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.