

FILED AUG 25 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 26241
Registrar's No. 82

BIRTH NO. --- REG. DIST. NO. 27 PRIMARY REG. DIST. NO. 4035

1. PLACE OF DEATH a. COUNTY <u>BATES</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>Bates</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rockville Mo</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rockville, Mo</u>	
c. LENGTH OF STAY (in this place) <u>16 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>6070</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>NONE</u>			

3. NAME OF DECEASED a. (First) <u>VIVAN</u> b. (Middle) <u>Margaret</u> c. (Last) <u>RINER</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Aug 13-54</u>		
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>Dec 1-1871</u>		9. AGE (In years last birthday) <u>82</u> If under 1 year: Months <u>8</u> Days <u>12</u> If under 24 hrs: 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 (State or foreign country) <u>Winton Ohio</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>					

13a. FATHER'S NAME <u>Allen T. Riner</u>		13b. MOTHER'S MAIDEN NAME <u>Lucinda Powers</u>		14. NAME OF HUSBAND OR WIFE <u>John Riner</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>no</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>John Riner Rockville, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) <u>Coronary Thrombosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 week</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary Arteriosclerosis</u>		<u>20 yrs</u>
	DUE TO (c) <u>Hypertension</u>		<u>20 yrs</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>None</u>			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>none performed</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) <u>Rockville, Bates, Mo</u>	
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 Jan 15, 1942 to Aug 13, 1954, that I last saw the deceased alive on Aug 10, 1954, and that death occurred at 8:10 A.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>M. D. Bieske, D.O.</u>		23b. ADDRESS <u>Rockville, Mo</u>		23c. DATE SIGNED <u>8/15/54</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>Aug 16-54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>HARRISONVILLE</u>	
24d. LOCATION (City, town, or county) (State) <u>HARRISONVILLE, MO</u>					

DATE REC'D BY LOCAL REG. <u>Aug 20-54</u>		REGISTRAR'S SIGNATURE <u>Rendall Kerney</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Osceola Eckhoff Opplata City Mo</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

0070

AUG 30 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, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Oscar Eckhoff

Licensed Embalmer No. 3942

P. O. Address Appleton City

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.