

FILED NOV 30 1954

## STANDARD CERTIFICATE OF DEATH

State File No. 37994

BIRTH NO. <u>194</u>		REG. DIST. NO. <u>206</u>		PRIMARY REG. DIST. NO. <u>3042</u>		Registrar's No. <u>67</u>		
1. PLACE OF DEATH a. COUNTY <u>MADISON</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>MADISON</u>				
b. CITY (If outside corporate limits, write RURAL and give township) <u>FREDERICKTOWN</u>		c. LENGTH OF STAY (in this place) <u>3 Yrs.</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>FREDERICKTOWN</u>				
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>302 N. MINE LAUREL AVE</u>				d. STREET ADDRESS (If rural, give location) <u>062</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>MATTIE</u>		b. (Middle) <u>CORDELIA</u>		c. (Last) <u>RHINEHART</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 19, 1954</u>		
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER-MARRIED, WIDOWED, DIVORCED (Specify) <u>ESTRANGED</u>	8. DATE OF BIRTH <u>OCT. 24, 1890</u>		9. AGE (In years last birthday) <u>64</u>	IF UNDER 1 YEAR Months <u>—</u>	IF UNDER 1 YEAR Days <u>25</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>DESLOGE, MISSOURI</u>		12. CITIZENRY OF WHAT COUNTRY? <u>U.S.A.</u>		
13a. FATHER'S NAME <u>FRANK BUCHANAN</u>		13b. MOTHER'S MAIDEN NAME <u>KATHERINE BURGESS</u>		14. NAME OF HUSBAND <del>DECEASED</del> <u>FRED RHINEHART</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>494-24-3220</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>GENEVA JONES - ST. LOUIS, 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						INTERVAL BETWEEN ONSET AND DEATH	
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CARCINOMA of STOMACH - MET.</u>							
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ 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>151X</u>						20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)		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>OCT 19</u> , 1954, to <u>Nov. 19</u> , 1954, that I last saw the deceased alive on <u>NOV. 19</u> , 1954, and that death occurred at <u>10:00pm.</u> , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>Gen W. Johnson M.D.</u>				23b. ADDRESS <u>Fredericktown, Mo.</u>		23c. DATE SIGNED <u>Nov. 20, 1954</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>11/22/54</u>	24c. NAME OF CEMETERY <del>GREENWOOD</del> <u>PINE HILL CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>BOLLINGER COUNTY, MO.</u>			
DATE REC'D BY LOCAL REG. <u>11-22-1954</u>		REGISTRAR'S SIGNATURE <u>Therence Sicker</u>		137		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>J. Adamson - FREDERICKTOWN, MO.</u>		

(Licensed Embalmer's Statement on Reverse Side)

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

FREDERICK COUNTY HEALTH DEPT.  
FREDERICKTOWN, MO.

RECEIVED  
NOV 28 1954  
RECEIVED

FILE No. 1154-68

JEC 28 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, or by \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_  
Student Embalmer

Signed Raymond Wilson

Licensed Embalmer No. 4884

P. O. Address Fredericktown

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.