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0.48

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **18926**  
**2369**

BIRTH NO. **4481 23281-55** REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002** Registrar's No. ....

1. PLACE OF DEATH  
a. COUNTY **Jackson** 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)  
a. STATE **Missouri** b. COUNTY **Jackson**

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **Kansas City** c. LENGTH OF STAY (If in this place) **life** c. CITY OR TOWN **Kansas City** d. Is Residence within limits of a city or incorporated town? Yes  No

d. FULL NAME OF HOSPITAL OR INSTITUTION **General Hospital No. 1** f. STREET ADDRESS (If rural, give location) **351 Oakley** **3064**

3. NAME OF DECEASED (Type or Print) a. (First) **Barry** b. (Middle) **Alan** c. (Last) **Rincker** 4. DATE OF DEATH (Month) (Day) (Year) **4 20 1955**

5. SEX **Male** 6. COLOR OR RACE **White** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Never married** 8. DATE OF BIRTH **4-18-55** 9. AGE (In years last birthday) IF UNDER 1 YEAR Months **11** YEAR Days **22** IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **infant** 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (City and State or Foreign Country) **Kansas City, Missouri** 12. CITIZEN OF WHAT COUNTRY? **U. S.**

13a. FATHER'S NAME **Robert Norman Rincker** 13b. MOTHER'S MAIDEN NAME **Joyce Lorraine Martin** 14. NAME OF HUSBAND OR WIFE **none**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) **no** 16. SOCIAL SECURITY NO. **none** 17. INFORMANT'S SIGNATURE OR NAME **Robert Rincker** ADDRESS **351 Oakley**

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH  
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) **Prematurity**  
\*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.  
ANTECEDENT CAUSES DUE TO (b) **776X**  
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 20. AUTOPSY? YES  NO

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) (Min.) 21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK  21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **April 18, 1955, to April 20, 1955**, that I last saw the deceased alive on **April 20, 1955**, and that death occurred at **3:30Pm.**, from the causes and on the date stated above.

23a. SIGNATURE **B.I. Burns** (Degree or title) **MD** 23b. ADDRESS **24th & Cherry** 23c. DATE SIGNED **4-21-55**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Removal** 24b. DATE **6-3-55** 24c. NAME OF CEMETERY OR CREMATORY **Luede** 24d. LOCATION (City, town, or county) (State) **Kansas City MO**

DATE REC'D BY LOCAL REG. **6-1-55** REGISTRAR'S SIGNATURE **Neva Minshall** 25. FUNERAL DIRECTOR'S SIGNATURE **Wm A. Lamm** ADDRESS **K.C. MO**

(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 not embalmed, Student Embalmer No. .... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed Wm. A. Lohmeyer

Licensed Embalmer No. 30

P. O. Address TC

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.