

FILED OCT 17 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **33714**BIRTH NO. _____ REG. DIST. NO. 150 PRIMARY REG. DIST. NO. 5374 Registrar's No. 162

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Lone Jack Rural (Van Buran)		c. LENGTH OF STAY (In this place) 50yrs	c. CITY OR TOWN Lone Jack
d. FULL NAME OF HOSPITAL OR INSTITUTION R.F.D 5 Miles North East.		STREET ADDRESS (If rural, give location) 5 Miles north East	

3. NAME OF DECEASED (Type or Print) a. (First) Sarah b. (Middle) B c. (Last) Reinking			4. DATE OF DEATH (Month) (Day) (Year) Sept. 19 1955		
5. SEX Fm	6. COLOR OR RACE Wh	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Jan 10 1876	9. AGE (In years last birthday) 79	IF UNDER 1 YEAR Months Days 79
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Wife		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Grain Valley Mo		12. CITIZENRY OF WHAT COUNTRY? usa

13a. FATHER'S NAME Nelson Beanson		13b. MOTHER'S MAIDEN NAME Mary Brenner		14. NAME OF HUSBAND OR WIFE Walter Reinking	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) None		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Mrs Clarence Keck	
				ADDRESS Lone Jack Mo	

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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute ascending cholangitis			INTERVAL BETWEEN ONSET AND DEATH 10 days	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c) 585X				
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerotic Senility			1 yr	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION have performed			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) NO/VE		21b. PLACE OF INJURY (e.g., home 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 8-15-1955, to 9-20-1955 that I last saw the deceased alive on 9-20-1955, and that death occurred at 1:30 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) W. E. Keck M.D.		23b. ADDRESS Clarence Hill, Mo		23c. DATE SIGNED 9-2-55	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Sept 21-55		24c. NAME OF CEMETERY OR CREMATORY Holliness Cem	
				24d. LOCATION (City, town, or county) (State) Oak Grove Mo R F D	

DATE REC'D BY LOCAL REG 9-26-1955		REGISTRAR'S SIGNATURE N. B. Langford		25. FUNERAL DIRECTOR'S SIGNATURE Webb Funeral Home	
				ADDRESS Oak Grove 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, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

R B Webb

Licensed Embalmer No. 23

P. O. Address Blue 5

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.