

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED NOV 21 1955

State File No. 37354

BIRTH NO. 15562-55 REG. DIST. NO. 174 PRIMARY REG. DIST. NO. 3035 Registrar's No. 101

1. PLACE OF DEATH a. COUNTY <u>Lafayette</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Lafayette</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Lexington</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Lexington</u>	
c. LENGTH OF STAY (in this place) <u>16 days</u>		d. STREET ADDRESS (If rural, give location) <u>Memorial Hospital</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Memorial Hospital</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>ELLEN</u> b. (Middle) <u>NANETTE</u> c. (Last) <u>RINNE</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>April 29 1955</u>		
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>	
8. DATE OF BIRTH <u>March 15 1955</u>		9. AGE (In years last birthday) <u>1 16</u>		10. UNDER 1 YEAR (Months) (Days) (Hours) (Min.)	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>none</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Lexington, Missouri</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					

13a. FATHER'S NAME <u>Leland Rinne</u>		13b. MOTHER'S MAIDEN NAME <u>Rose Ellen Poisal</u>		14. NAME OF HUSBAND OR WIFE <u>none</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>none</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Leland Rinne Higginsville, 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.		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute toxemia</u>		DUE TO (b) <u>Multiple abscesses</u>				<u>4 days</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c) <u>Prematurity</u>				<u>6 wks 3 days</u>	
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 <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)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		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 March 15, 1955, to April 29, 1955, that I last saw the deceased alive on April 29, 1955, and that death occurred at 11:51 A.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>W.C. Johnson M.D.</u>		23b. ADDRESS <u>Richmond, Mo.</u>		23c. DATE SIGNED <u>5/4/55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>April 30 1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>City Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Higginsville Missouri</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>W. Dade</u>		ADDRESS <u>Higginsville Mo</u>	
DATE REC'D BY LOCAL REG. <u>11-8-55</u>		REGISTRAR'S SIGNATURE <u>Wm. L. Eubanks</u>		156	

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was ~~embalmed~~ <sup>Prepared for Burial</sup> by me, ~~\_\_\_\_\_~~

*Baby - not embalmed*

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

working under my personal supervision.

Student .....

Student Embalmer

Signed

*Forest Redhof*

Licensed Embalmer No. *1428*

P. O. Address

*Hogansville*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDS. (Failure to complete the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.