

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

37647

State File No. \_\_\_\_\_

FILED DEC 9 1955  
BIRTH NO. 51606-55 REG. DIST. NO. 270 PRIMARY REG. DIST. NO. 3050 Registrar's No. 6

1. PLACE OF DEATH a. COUNTY <u>Pemiscot</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Pemiscot</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Caruthersville</u>		c. LENGTH OF STAY (In this place) <u>2m 28 d</u>	d. RESIDENCE WITHIN LIMITS OF A CITY OR INCORPORATED TOWN? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Rear 206 E. 13th St.</u>		e. STREET ADDRESS (If rural, give location) <u>Rear 206 E. 13th St.</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Larry Eugene</u> b. (Middle) <u>Rinehart</u> c. (Last) <u>Rinehart</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>12 3 55</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>Negro</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>NEVER MARRIED</u>	8. DATE OF BIRTH <u>5 September 1955</u>
9. AGE (In years last birthday) <u>None</u>		10. MONTHS <u>2</u>	11. DAYS <u>28</u>
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>Caruthersville, Mo</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>None</u>	
13b. MOTHER'S MAIDEN NAME <u>Myrtle Pittman</u>		14. NAME OF HUSBAND OR WIFE <u>None</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Myrtle Rhinehart</u>		18. ADDRESS <u>206 E. 13th St. Caruthersville</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>Smothered</u>		INTERVAL BETWEEN ONSET AND DEATH
	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. <u>9240</u>		
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>18</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>None</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Caruthersville Pemiscot Mo</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>12-3-55</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Smothered by bed clothing</u>
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.		

23a. SIGNATURE <u>John H. German Coroner</u>	(Degree or title) <u>Coroner</u>	23b. ADDRESS <u>None</u>	23c. DATE SIGNED <u>12-4-55</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>5th Dec 55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St Pauls Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Caruthersville, Mo</u>
DATE REC'D BY LOCAL REG. <u>December 7, 1955</u>	REGISTRAR'S SIGNATURE <u>Lucia B. Wilke</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>P. B. Woods</u> ADDRESS <u>Caruthersville, Mo</u>	

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

12-352-55

DEC 7 1955

PEMISCOT COUNTY HEALTH DEPARTMENT  
COURTHOUSE PHONE 79  
CARUTHERSVILLE, MO.

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 *P. B. Woods* .....  
P. B. Woods  
Licensed Embalmer No. 4833

P. O. Address .. Caruthersville

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.