

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED APR 5 - 1956

State File No. 1178

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 1178

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 (in this place) 18 YEARS	c. CITY OR TOWN KANSAS City	d. Is 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 ST. LUKES Hospital		e. STREET ADDRESS (If rural, give location) 4203 HOLMES STREET 3650	

3. NAME OF DECEASED (Type or Print) a. (First) FRED b. (Middle) A c. (Last) RINER			4. DATE OF DEATH (Month) (Day) (Year) MARCH 12, 1956			
5. SEX MALE	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH MARCH 31, 1893	9. AGE (In years last birthday) 62	IF UNDER 1 YEAR Months Days	IF UNDER 2 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) SALES Work		10b. KIND OF BUSINESS OR INDUSTRY Parkview Drug		11. BIRTHPLACE (City and State or Foreign Country) Lebanon, Indiana		12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME MARION P. RINER	13b. MOTHER'S MAIDEN NAME MARY J. MEEK	14. NAME OF WIDOW OR WIFE LOUELLA RINER
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) YES	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) NWE 493-12-1476	17. INFORMANT'S SIGNATURE OR NAME K.C. MO. ADDRESS K.C. MO. ADDRESS MAS. LOUELLA RINER 4203 HOLMES ST.
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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, asthemia, 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) Aortic Stenosis		2 yrs.
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cardiac decompensation		6 mos.
	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 <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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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 1955, 1955, to Mar 12, 1956, that I last saw the deceased alive on Mar 12, 1956, and that death occurred at 1:15 p.m., from the causes and on the date stated above.

23a. SIGNATURE A. W. Robinson (Degree or title) M.D.	23b. ADDRESS 4635 Independence Kc Mo.	23c. DATE SIGNED Mar 13, 1956
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE MAR. 16, 1956	24c. NAME OF CEMETERY OR CREMATORY GREENLAWN Cemetery	24d. LOCATION (City, town, or county) (State) KANSAS City, Missouri
DATE REC'D BY LOCAL REG. 3.16.56	REGISTRAR'S SIGNATURE neva minshall	25. FUNERAL DIRECTOR'S SIGNATURE DW. NEWCOMER'S Sons KANSAS City, Mo	

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 *Adrian Jay Still*

Licensed Embalmer No. *48*

P. O. Address *S.C.*

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.