

FILED AUG 13 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **24590**

BIRTH NO. _____		REG. DIST. NO. 274		PRIMARY REG. DIST. NO. 3052		Registrar's No. 312	
1. PLACE OF DEATH a. COUNTY PETTIS				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY PETTIS			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN SEDALIA		c. LENGTH OF STAY (in able places) 24 HOURS		c. CITY OR TOWN HOUSTONIA		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 BOTHWELL HOSPITAL				e. STREET ADDRESS (If rural, give location) 0800			
3. NAME OF DECEASED (Type or Print) a. (First) SUSAN b. (Middle) CONDRAV c. (Last) RHINEHART			4. DATE OF DEATH (Month) (Day) (Year) AUGUST 8 1956				
5. SEX FEMALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED		8. DATE OF BIRTH MARCH 17, 1869	
9. AGE (In years last birthday) 87		IF UNDER 1 YEAR Months		IF UNDER 11 HRS. Days		IF UNDER 14 HRS. Hours	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY AT HOME		11. BIRTHPLACE (City and State or Foreign Country) CUMBERLAIN GAP, TENNESSEE		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME William CONDRAV			13b. MOTHER'S MAIDEN NAME (?) CHUMLEY		14. NAME OF HUSBAND OR WIFE DE FOREST RHINEHART		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME ADDRESS A.R. RHINEHART, HOUSTONIA, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebrovascular accident ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Essential hypertension DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 1 day	
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) 331X			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		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 31 July, 1956 , to 8 Aug, 1956 , that I last saw the deceased alive on 5 Aug, 1956 , and that death occurred at 3:10 a.m. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Donald C. Porter M.D.				23b. ADDRESS Sedalia, Mo		23c. DATE SIGNED 9 Aug 1956	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE AUGUST 10, 1956		24c. NAME OF CEMETERY OR CREMATORY HOUSTONIA CEM.		24d. LOCATION (City, town, or county) (State) HOUSTONIA, MO.	
DATE REC'D BY LOCAL REG. 8-10-56		REGISTRAR'S SIGNATURE Lavina Cooney, Esq.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS F. Parker Sweet Springs, Mo.			

(Licensed Embalmer's Statement on Reverse Side)

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

251

Handwritten scribble

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 *L. F. Parker*

Licensed Embalmer No. *384*

P. O. Address *Sweet Spring*

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.