

FILED SEP 19 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 31654

BIRTH NO. _____		REG. DIST. NO. <u>275</u>		PRIMARY REG. DIST. NO. <u>3053</u>		Registrar's No. <u>166</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission).			
a. COUNTY <u>Phelps</u>		b. COUNTY <u>Phelps</u>		a. STATE <u>Missouri</u>		b. COUNTY <u>Phelps</u>	
b. CITY (If outside corporate limits, write RURAL and give town or township)		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN <u>Rolla</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. CITY OR TOWN <u>Rolla</u>		Life		STREET ADDRESS (If rural, give location)		<u>1100 Elm st.,</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1104 Elm st.,</u>				STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>CLYDE</u>		b. (Middle) <u>OSCAR</u>		c. (Last) <u>REINOEHL</u>	
4. DATE OF DEATH		(Month) <u>Sept.</u>		(Day) <u>8,</u>		(Year) <u>1956</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>8-5-1882</u>	
9. AGE (In years last birthday) <u>74</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 11 HRS. Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Engineer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Missouri Geo. Survey</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Illinois.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>C. Philip Reinoehl</u>		13b. MOTHER'S MAIDEN NAME <u>Laura Highsmith</u>		14. NAME OF HUSBAND OR WIFE <u>Laura Reinoehl</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>500 34 4955</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Laura Reinoehl 1104 Elm, Rolla, Mo.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary Fibrosis</u>				<u>6 yrs.</u>	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES DUE TO (b) _____					
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) _____					
		II. OTHER SIGNIFICANT CONDITIONS <u>rt sided heart failure.</u>				<u>2 yrs.</u>	
Conditions contributing to the death but not related to the disease or condition causing death.							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>525X</u>				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 <u>past 20 years</u> , to _____, 19____, that I last saw the deceased alive on <u>9-8-56</u> , 195 <u>6</u> and that death occurred at <u>1:30 P.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>E. E. Fend m. D.</u>				23b. ADDRESS <u>Rolla mo.</u>		23c. DATE SIGNED <u>9-10-56</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Sept. 11, 56</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Rolla, Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Rolla Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Sept. 10, 1956</u>		REGISTRAR'S SIGNATURE <u>Nadine L. Stall</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Carl J. Glenn 1100 Elm, Rolla, Mo.</u>			

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

RECEIVED

Phelps County Health Officer,

County File Number 527

Date Filed SEP 17 1956

APR 19 1956

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 Mo., Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....
Carl J. Glenn
Carl J. Glenn

Licensed Embalmer No. 4707

P. O. Address Rolla, Mo.

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.