

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

'57 0 177 28
STATE FILE NUMBER

FILED JUN 10 1957

Registration District No. 164 Primary Registration District No. 3032 Registrar's No. 67

1. PLACE OF DEATH a. COUNTY Johnson		2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) a. STATE Missouri b. COUNTY Jarvis	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Warrensburg, Mo. Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Higginsville, Mo. 054 Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF HOSPITAL OR INSTITUTION Warrensburg Medical Center Length of stay in lb		d. STREET ADDRESS 600 W. Broadway (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) Walter Reinhart First Middle Last		4. DATE OF DEATH May 28 1957 Month Day Year	
5. SEX Male	6. COLOR OR RACE white	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 7-26-1914
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Brick Mason		9b. KIND OF BUSINESS OR INDUSTRY Construction	9c. AGE (In years last birthday) 43 IF UNDER 1 YEAR Months 10 Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Brick Mason		10b. KIND OF BUSINESS OR INDUSTRY Construction	10c. BIRTHPLACE (City and state or country) Higginsville, Mo.
11. BIRTHPLACE (City and state or country) Higginsville, Mo.		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Frank Reinhart		14. MOTHER'S MAIDEN NAME Ella Helliker	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO.	
17. INFORMANT Mrs. W. Reinhart Address Higginsville, Mo.			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Thrombosis DUE TO (b) DUE TO (c) Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) Continued chest & foot infection 2 weeks ago			INTERVAL BETWEEN ONSET AND DEATH 3 days
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Hour 11:00 Month May Day 25 Year 1957 a.m. p.m.			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION Higginsville		COUNTY STATE	
21. I attended the deceased from May 25, 1957 to May 28, 1957 and last saw her/him alive on May 25, 1957 . Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Walter Reinhart (Degree or title)		22b. ADDRESS Warrensburg Mo	
22c. DATE SIGNED 6-3-57			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 5-31-57	
23c. NAME OF CEMETERY OR CREMATORY St. Mary's		23d. LOCATION (City, town, or county) (State) Higginsville, Mo.	
24. FUNERAL DIRECTOR F. R. Hoefler ADDRESS Higginsville, Mo.		25. DATE RECD. BY LOCAL REG. 6-3-57	
26. REGISTRAR'S SIGNATURE Savana Crutchfield Earl Crest Deputy			

(Licensed Embalmer's Statement on Reverse Side)

health, Welfare Public Service
300 1-56
Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.
USE-ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

147

JUL 22 1957

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 *Forest P. Holfer*

Licensed Embalmer No. *48*

P. O. Address *Higginsville*

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.