

FILED AUG 27 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 29076

| | | | | | | | | | |
|--|--|--------------------|---|--|---------------------------------|--|---|----------------------|--|
| BIRTH NO. | | REG. DIST. NO. 294 | | PRIMARY REG. DIST. NO. 6022 | | Registrar's No. 94 | | | |
| 1. PLACE OF DEATH a. COUNTY Ray | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri | | | | b. COUNTY Ray | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural-Richmond Twp. | | | c. LENGTH OF STAY (In this place) 5 hours | | c. CITY OR TOWN Richmond | | d. Is Residence within limits of a city, incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Ray County Hospital | | | | e. STREET ADDRESS (If rural, give location) None | | | | 08910 | |
| 3. NAME OF DECEASED (Type or Print) EDWARD | | | a. (First) RINKENBAUGH | | | c. (Last) | | | |
| 4. DATE OF DEATH (Month) (Day) (Year) Aug. 17, 1957 | | | 5. SEX <input type="radio"/> Male <input checked="" type="radio"/> Female | | | 6. COLOR OR RACE White | | | |
| 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced | | | 8. DATE OF BIRTH Oct. 17, 1877 | | | 9. AGE (In years last birthday) 79 | | | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Miner | | | 10b. KIND OF BUSINESS OR INDUSTRY Coal | | | 11. BIRTHPLACE (City and State or Foreign Country) Ray County, Missouri | | | |
| 12. CITIZEN OF WHAT COUNTRY? USA | | | 13a. FATHER'S NAME John Rinkenbaugh | | | 13b. MOTHER'S MAIDEN NAME Ellen B. Keller | | | |
| 14. NAME OF HUSBAND OR WIFE Ida Bock | | | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no | | | 16. SOCIAL SECURITY NO. (If yes, give war or dates of service) no | | | |
| 17. INFORMANT'S SIGNATURE OR NAME Mrs. Ruby Hart, Ponca City, Okla. | | | 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) | | | ADDRESS | | | |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Massive cerebral Hemorrhage - | | | MEDICAL CERTIFICATION | | | INTERVAL BETWEEN ONSET AND DEATH hrs. | | | |
| *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused 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. Arteriosclerosis - | | | 19a. DATE OF OPERATION | | | 19b. MAJOR FINDINGS OF OPERATION 331X | | | |
| 20. AUTOPSY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | | | 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) (m.) | | | 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 7-4 , 19 57 , to 8-17 , 19 57 , that I last saw the deceased alive on 8-17 , 19 57 , and that death occurred at 5:30 P.m. , from the causes and on the date stated above. | | | | | | |
| 23a. SIGNATURE (Degree or title) Ch. Sawault M.D. | | | 23b. ADDRESS Richmond | | | 23c. DATE SIGNED 8-22-57 | | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | | 24b. DATE 8-20-1957 | | | 24c. NAME OF CEMETERY OR CREMATORY Sunny Slope Cemetery | | | |
| 24d. LOCATION (City, town, or county) (State) Richmond, Mo. | | | DATE REC'D BY LOCAL REG. 8-23-1957 | | | REGISTRAR'S SIGNATURE Mabel Jackson | | | |
| 25. FUNERAL DIRECTOR'S SIGNATURE Thomas J. Carter | | | ADDRESS Richmond, Mo. | | | | | | |

(Licensed Embalmer's Statement on Reverse Side)

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

Revised 8-23-57

SEP

4 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..... *Thomas J. Carter*.....

Licensed Embalmer No..... *44*.....

P. O. Address..... *Richmond*.....

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.