

FILED NOV 20 1957

STANDARD CERTIFICATE OF DEATH

40574
STATE FILE NUMBER
5123

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 5123

S. 300
v. 1-57

MEDICAL CERTIFICATE TO BE FILLED BY PHYSICIAN IF POSSIBLE
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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, give TOWNSHIP only) OR TOWN Kansas City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Kansas City Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Warwick Nursing Home		Length of stay in lb 53 Years	d. STREET ADDRESS (If outside, give location) 5514 Brooklyn Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) Fred William Frederick Rinck			4. DATE OF DEATH Month Nov. Day 2 Year 1957
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 1873 Oct. 25, 1874
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Mail Clerk		10b. KIND OF BUSINESS OR INDUSTRY Railway	11. BIRTHPLACE (City and state or country) Rolla, Missouri
13a. FATHER'S NAME Paul Rinck		13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE Jeannie Rinck
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 Address Dr Edward Rinck, Springfield, 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) Acute Cardiac Failure			INTERVAL BETWEEN ONSET AND DEATH 48 hrs
DUE TO (b) Generalized Arteriosclerosis			4 yrs
DUE TO (c) Hypertensive Cardiovascular Disease			3 yrs
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 443+			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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.) None	
20c. TIME OF INJURY Hour Month, Day, Year 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 COUNTY STATE
21. I attended the deceased from April 1952 to 2 Nov 1957 and last saw him alive on 31 Oct 1957 Death occurred at 12:55 A.M. on the date stated above; and to the best of my knowledge, from the causes stated.			
22. SIGNATURE (Degree or title) James W Downey M.D.		22b. ADDRESS 425 E 63rd KC Mo	22c. DATE SIGNED 11/2/57
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Nov. 5, 1957	23c. NAME OF CEMETERY OR CREMATORY Elmwood Cemetery	23d. LOCATION (City, town, or county) (State) Kansas City, Missouri
24. FUNERAL DIRECTOR Elloody McGilley		ADDRESS ylar, Kan City, Mo.	25. DATE RECD. BY LOCAL REG. 11-2-57
		26. REGISTRAR'S SIGNATURE Ieva Minshall	

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.

Rinck

Dr. James Downey
425 E. 63rd.

De-3-7975

1 PM

NOV 21 1957

JAN 6 1958

Rinck
Signed

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 Melvin Bartee

Licensed Embalmer No. 4903
P. O. Address KC 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.