

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-024292
State File No.

FILED JUL 14 1958

BIRTH NO.

REG. DIST. NO. 328

PRIMARY REG. DIST. NO. 3673

Registrar's No. 24

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

1. PLACE OF DEATH a. COUNTY SCOTT			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY SCOTT		
b. CITY (If outside corporate limits, write RURAL and give township) RURAL		c. LENGTH OF STAY (In this place) HWY. ACCIDENT	c. CITY (If outside corporate limits, write RURAL and give township) ORAN		d. STREET ADDRESS (If rural, give location) 1000 S
d. FULL NAME OF HOSPITAL OR INSTITUTION Hwy. 55 - 3 1/2 MI. SOUTH OF CHAFFEE			d. STREET ADDRESS (If rural, give location)		
3. NAME OF DECEASED (Type or Print) a. (First) LAWRENCE b. (Middle) LEO c. (Last) REINAGEL			4. DATE OF DEATH (Month) (Day) (Year) JUNE 26, 1958		
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH APRIL 19, 1895	9. AGE (In years last birthday) 63	10. UNDER 1 YEAR Months 2
10a. USUAL OCCUPATION (Give kind of work done during most of working life (even if retired)) Boilermaker (Ret.)	10b. KIND OF BUSINESS OR INDUSTRY Union Pacific Hwy. Co.	11. BIRTHPLACE (City and State or Foreign Country) New Hamburg, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME GEORGE REINAGEL		13b. MOTHER'S MAIDEN NAME MARY STRACK		14. NAME OF HUSBAND OR WIFE AMELIA MARY REINAGEL	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES WWI	16. SOCIAL SECURITY NO. 702-07-3173	17. INFORMANT'S SIGNATURE OR NAME ADDRESS MRS. AMELIA M. REINAGEL - ORAN, 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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.	MEDICAL CERTIFICATION Fracture Rt. leg below knee. Skull Fracture left side, Broken neck 2 deep cuts neck left of center Lower Jaw Fracture. Deep cut over left eye. Fracture of ribs Rt. side. (Very little bleeding)			INTERVAL BETWEEN ONSET AND DEATH 0
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION car-truck collision or natural causes.	20. AUTOPSY YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <input checked="" type="checkbox"/>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Hwy 55, 2.8 Mi. S. of Chaffee	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 100 Scott Mo			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. 12:00	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR Car-Truck Collision -			
22. I hereby certify that I attended the deceased from first call , 19 58 , after death, 19 58 , that I last saw the deceased alive on 19 58 , and that death occurred at 12:00 from the causes and on the date stated above.					
23a. SIGNATURE Helma C. Buckthorpe, M.D. Health Officer -		23b. ADDRESS Benton, Mo		23c. DATE SIGNED 7-1-58	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE JUNE 30, 1958	24c. NAME OF CEMETERY OR CREMATORY GUARDIAN ANGEL CEMETERY	24d. LOCATION (City, town, or county) (State) ORAN MISSOURI		
DATE REC'D BY LOCAL REG. 7-7-58	REGISTRAR'S SIGNATURE Wm Fred Bisplinghoff	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS BISPLINGHOFF FUNERAL HOME - CHAFFEE, MO			

DATE RECEIVED 7-7-58

SCOTT. CO. HEALTH DEPT.

758-161

JUL 17 1958

JUN 30 1958

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

Student Embalmer

Signed

Jack T. Burnett

Licensed Embalmer No. 4473

P. O. Address Chaffee, Missouri

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 this body is not embalmed, fact should be so stated above.