Health, & Welfare Public Service 37 9 300 1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-024799
STATE FILE NUMBER

FILED JUL 29 1958 Registration District No. 47 Primary Registration District No. 3008 Registrar's No. 167

1. PLACE OF DEATH
a. COUNTY Callaway
b. CITY OR TOWN Fulton — Inside Limits Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) State Hosp.#1 — Length of stay in Ib 2 Days

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Pettis
c. CITY OR TOWN Sedalia 0804 0 — Inside Limits Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location) Milner Hotel — Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print) First: CARL Middle: FRANK Last: REINERT
4. DATE OF DEATH Month Day Year: July 20, 1958
5. SEX: Male 0
6. COLOR OR RACE: White
7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [ ] 3 DIVORCED [X]
8. DATE OF BIRTH: May 22, 1902
9. AGE (In years last birthday): 56 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Tailor
10b. KIND OF BUSINESS OR INDUSTRY: Clothing
11. BIRTHPLACE (City and state or country): Sedalia, Missouri 0
12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME: William Schumaker Reinert
13b. MOTHER'S MAIDEN NAME: Lucy Schumaker
14. NAME OF HUSBAND OR WIFE: #####
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 496-03-7677
17. INFORMANT: Roy Reinert, Address: Sedalia, Missouri

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Hepatic Coma — INTERVAL BETWEEN ONSET AND DEATH: 2 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Laennec's Cirhosis — ?
DUE TO (c) 5811
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Aspiration Pneumonia, focal
19. WAS AUTOPSY PERFORMED? YES [X] NO [ ]

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
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 July 18, 1958, to July 20, 1958 and last saw her/him alive on July 20, 1958
Death occurred at 6:55 P m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE B. Jackson MD (Degree or title) 0
22b. ADDRESS State Hosp, #1 Fulton, Mo
22c. DATE SIGNED 7/20/1958

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE July 22, 1958
23c. NAME OF CEMETERY OR CREMATORY Crown Hill Cemetery
23d. LOCATION (City, town, or county) (State) Sedalia, Mo

24. FUNERAL DIRECTOR D. W. Heckart, ADDRESS Sedalia, Mo
25. DATE RECD. BY LOCAL REG. July 20 1958
26. REGISTRAR'S SIGNATURE Maretta Lawrence

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

JUL 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 .....
Signature of Student Embalmer

Signed .....

Licensed Embalmer No. 3470

P. O. Address .....

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.