

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-029240  
STATE FILE NUMBER  
149 Primary Registration District No. 1002 Registrar's No. 3830

FILED AUG 27 1958

S. 300  
1-57

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Kansas City</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>Kansas City</b>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Gen'l Hosp. #1</b>		Length of stay in lb <b>7 year</b>	d. STREET ADDRESS (If outside, give location) <b>462 A. Highland</b>
3. NAME OF DECEASED (Type or print) First <b>Jesse</b> Middle <b>Lane</b> Last <b>Rhine</b>			4. DATE OF DEATH Month <b>8</b> - Day <b>7</b> - Year <b>1958</b>
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>12-7-1888</b>
9. AGE (In years at birthday) <b>69 7/0</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, or if retired) <b>Broommaker</b>	11. BIRTHPLACE (City and state or country) <b>Bates Co., Missouri</b>
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		13a. FATHER'S NAME <b>Harve Rhine</b>	13b. MOTHER'S MAIDEN NAME <b>Belle Green</b>
14. NAME OF HUSBAND OR WIFE <b>Anna Rhine</b>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>495-05-9429</b>
17. INFORMANT <b>Mrs. Anna Rhine</b>		Address <b>462 A. Highland</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Multiple pulmonary emboli</b>			INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>carcinoma of prostate</b>			<b>177 x</b>
DUE TO (c)			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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.)		
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. _____			
20d. INJURY OCCURRED WHILE AT <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 <b>June 23, 1958</b> to <b>Aug. 7, 1958</b> and last saw <sup>her</sup> <sub>him</sub> alive on <b>Aug. 7, 1958</b> Death occurred at <b>9:25 A.</b> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <b>B. I. Burns, M.D.</b>		22b. ADDRESS <b>24th &amp; Cherry</b>	22c. DATE SIGNED <b>8-8-58</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>Aug-11-1958</b>	23c. NAME OF CEMETERY OR CREMATORY <b>GREENLAWN CEMETERY, Inc.</b>	23d. LOCATION (City, town, or county) (State) <b>Kansas City, Mo.</b>
24. FUNERAL DIRECTOR <b>C. H. Blackman &amp; Son Inc.</b>		25. DATE RECD. BY LOCAL REG. <b>8-9-58</b>	26. REGISTRAR'S SIGNATURE <b>Iva Marshall</b>
(Licensed Embalmer's Statement on Reverse Side)			

B. I. Burns

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 *W.C. Rennie* .....

Licensed Embalmer No. *4879* .....

P. O. Address *A.C. 716* .....

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.