

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-043026

STATE FILE NUMBER

FILED NOV 24 1958 Registration District No. 381 Primary Registration District No. 6179 Registrar's No. 116

1. PLACE OF DEATH a. COUNTY Sullivan			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Sullivan				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Pollock		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Pollock 1050		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		Length of stay in lb 60 yrs	d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First Middle Last Louie E Reinhard			4. DATE OF DEATH Month Day Year 11-10-1958				
5. SEX M	6. COLOR OR RACE W	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH 1-9-1869	9. AGE (In years last birthday) 89 IF UNDER 1 YEAR Months Days Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) at home		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Ash Grove - Iowa		12. CITIZEN OF WHAT COUNTRY? US		
13a. FATHER'S NAME James Proctor		13b. MOTHER'S MAIDEN NAME Hannah Swires		14. NAME OF HUSBAND OR WIFE George E Reinhard (dead)			
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 Virgil Reinhard		Address Pollock-170		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary occlusion					INTERVAL BETWEEN ONSET AND DEATH 1 hour		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Arteriosclerosis							
DUE TO (c) Hypertension							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 4201					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.)					
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, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from death occurred at July 2 - 1956 to Aug 10 - 58 and last saw her alive on May 10 - 58		m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE Charles G. Giddens		(Degree or title) 2		22b. ADDRESS Unionville		22c. DATE SIGNED 11-14-58	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 11-12-58	23c. NAME OF CEMETERY OR CREMATORY Scobee Cem.		23d. LOCATION (City, town, or country) Pollock - Mo.		(State)	
24. FUNERAL DIRECTOR Dwight Schewe		ADDRESS Mullan - Mo.		25. DATE RECD. BY LOCAL REG. 11-15-58		26. REGISTRAR'S SIGNATURE Mrs. M.W. Beckett	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 *Dwight Schaefer*

Licensed Embalmer No. *2667*

P. O. Address *Milan, 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.