

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-000564

STATE FILE NUMBER

FILED JAN 13 1959

Registration District No. 29

Primary Registration District No. 4099

Registrar's No. 7

5. 300
1-57

1. PLACE OF DEATH a. COUNTY Cass		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Cass	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Pleasant Hill		c. CITY OR TOWN Pleasant Hill <i>0190</i>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION R.F.D. # 2		d. STREET ADDRESS (If outside, give location) R.F.D. 2	
3. NAME OF DECEASED (Type or print) First Middle Last Glenda Jo Rinker		4. DATE OF DEATH Month Day Year Jan. 2, 1959	
5. SEX F	6. COLOR OR RACE W	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Feb. 13, 1956
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Harrisonville, Missouri
13a. FATHER'S NAME Glenn Clayton Rinker		13b. MOTHER'S MAIDEN NAME Alma Jo Simpson	14. NAME OF HUSBAND OR WIFE ---
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. none	17. INFORMANT Glenn Rinker Address Pleasant Hill, 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) <i>Cerebral palsy</i>			INTERVAL BETWEEN ONSET AND DEATH <i>since birth</i>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (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 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.) <i>ITEM 22c CORRECTED</i>		
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.	BY AFFIDAVIT OF <i>attendant</i> 1-13-59 <i>Dej</i>		
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 Pleasant Hill, Mo	20g. COUNTY Cass
21. I attended the deceased from <i>4-29-58</i> to <i>1-2-59</i> and last saw her ^{her} alive on <i>1-2-59</i> Death occurred at <i>12:35 P.M.</i> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <i>Glenn Rinker MD</i>		22b. ADDRESS <i>Pleasant Hill, Mo</i>	22c. DATE SIGNED <i>59</i> <i>1-3-58</i>
23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE Jan. 4, 1959	23c. NAME OF CEMETERY OR CREMATORY Pleasant Hill Cem.	23d. LOCATION (City, town, or county) (State) Pleasant Hill, Missouri
24. FUNERAL DIRECTOR Brownfield-Stanley Address Pleasant Hill, Mo.		25. DATE RECD. BY LOCAL REG. <i>1-4-59</i>	26. REGISTRAR'S SIGNATURE <i>Mrs Ray Sebra</i>

(Licensed Embalmer's Statement on Reverse Side)

All diseases in Part I must be causally related. No cause may be stated which is not mentioned in item 18. No symptoms will be listed.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 *Raymond D. Stanley*

Licensed Embalmer No. *5008*

P. O. Address *Pleasant Hill*

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.