

Health,
Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-000270
STATE FILE NUMBER

FEB 9 1959 Registration District No. 100 Primary Registration District No. 3018 Registrar's No. 120

| | | | |
|--|---------------------------------|---|--|
| 1. PLACE OF DEATH a. COUNTY cnt | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jent | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Salem | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | c. CITY OR TOWN Salem c. 531 Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Hart Clinic | | Length of stay in 1b | d. STREET ADDRESS X (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print) Gilbert Charles Rhinehart Jr | | | 4. DATE OF DEATH Month Jan Day 29 Year 1959 |
| 5. SEX male | 6. COLOR OR RACE white | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH Sept 4 1957 |
| 10a. USUAL OCCUPATION (Give kind of work done throughout of working life, even if retired) clerk | | 10b. KIND OF BUSINESS OR INDUSTRY X | 11. BIRTHPLACE (City and state or country) Hart Clinic Salem Mo |
| 13a. FATHER'S NAME Gilbert Rhinehart | | 13b. MOTHER'S MAIDEN NAME Flossie Hartley | 14. NAME OF HUSBAND OR WIFE XX |
| 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. X | 17. INFORMANT Address Gilbert C Rhinehart Sr Salem 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) Congenital cardiac disease. Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) bronchial asthma DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONTRIBUTING CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Mongolian idiot. | | | INTERVAL BETWEEN ONSET AND DEATH birth. |
| 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 Sept 28, 1958 , to Jan 29, 1959 and last saw her alive on Jan 29, 1959 Death occurred at 7:00 p.m. on the date stated above; and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE <i>(Signature)</i> | | 22b. ADDRESS Salem, Missouri | 22c. DATE SIGNED 1/31/59 |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 23b. DATE Feb 1, 1959 | 23c. NAME OF CEMETERY OR CREMATORY North Lawn | 23d. LOCATION (City, town, or county) (State) Salem Mo. |
| 24. FUNERAL DIRECTOR ADDRESS Spencer Funeral Home Inc | | 25. DATE RECD. BY LOCAL REG. 1/3/59 | 26. REGISTRAR'S SIGNATURE <i>(Signature)</i> |

All diseases in Part I must be causally related.

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 *Carl H. Spencer*

Licensed Embalmer No. *9370*
P. O. Address *Salisbury*

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.