

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-014293

STATE FILE NUMBER

FILED MAY 11 1959 Registration District No. ²⁵⁷ ~~258~~ Primary Registration District No. 4391 Registrar's No. 29

1. PLACE OF DEATH a. COUNTY Osage		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Osage	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Argyle, Mo.		c. CITY OR TOWN Argyle, Mo. ⁰⁷⁶⁰	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION His Home		d. STREET ADDRESS (If outside, give location)	
Length of stay in lb Life		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) William	First P.	Middle	Last Reinkemeyer	4. DATE OF DEATH Apr. 30, 1959.
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Aug. 19, 1899.	9. AGE (In years last birthday) 59	IF UNDER 1 YEAR Months 7 Days 11 Hours Min. 	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Railroad Worker	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Maries County, Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13. FATHER'S NAME Anton Reinkemeyer	14. MOTHER'S MAIDEN NAME Johanna Schmitz
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yrs. give war or dates of service) No.	16. SOCIAL SECURITY NO.	17. INFORMANT Mrs William Reinkemeyer, Argyle Mo.
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18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pulmonary Carcinoma		INTERVAL BETWEEN ONSET AND DEATH 1 MO.
DUE TO (b) Epidemic Carcinoma of Floor of mouth		
DUE TO (c) _____		18 MO.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 143X		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.)
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20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m. 	20d. INJURY OCCURRED WHILE AT WORK <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 Argyle, Mo.	COUNTY Osage	STATE Mo.
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21. I attended the deceased from _____ to _____ and last saw her alive on _____ Death occurred at 10:15 A. m. on the date stated above; and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE W. H. Moore D.	(Degree or title)	22b. ADDRESS Argyle, Mo.	22c. DATE SIGNED 5-3-59
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 5/2/59	23c. NAME OF CEMETERY OR CREMATORY St Aloysius	23d. LOCATION (City, town, or county) (State) Argyle, Mo.
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24. FUNERAL DIRECTOR McP Cunningham	ADDRESS Vienna, Mo.	25. DATE RECD. BY LOCAL REG. 7 5/3/59	26. REGISTRAR'S SIGNATURE Mrs. Edythe Maston
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(Licensed Embalmer's Statement on Reverse Side)

Diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes. USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE.

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MS MAY 12 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 *me*....., Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *M B Birmingham*.....

Licensed Embalmer No. *376*

P. O. Address *Anniston*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.