

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-017918

STATE FILE NUMBER

FILED MAY 21 1959 Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2131

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Kansas</u> b. COUNTY <u>Johnson</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Kansas city</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Overland Park</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Osteopathic Hosp</u>		Length of stay in lb <u>5 days</u>	STREET ADDRESS (If outside, give location) <u>8158 7412 Woodson</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>Marcella</u> Middle <u>Marie</u> Last <u>Rhinehart</u>			4. DATE OF DEATH Month <u>Apr</u> Day <u>25</u> Year <u>1959</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>wh</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>July 10 1920</u>
9. AGE (In years last birthday) <u>38</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	11. BIRTHPLACE (City and state or country) <u>Linn mo</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13. FATHER'S NAME <u>Hubert Maassen</u>		14. MOTHER'S MAIDEN NAME <u>Mary Otto</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>511-36-3382</u>	17. INFORMANT Address <u>Overland</u> <u>Howard Rhinehart Park, Ka</u>

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>MYOCARDIAL FAILURE</u>			INTERVAL BETWEEN ONSET AND DEATH <u>5 HRS.</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>MYOCARDIAL INFARCTION</u>			<u>3 HRS.</u>
DUE TO (c) <u>CORONARY SCLEROSIS</u>			<u>SEVERAL YEARS</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>DIABETES MELLITIS</u>			19. WAS AUTOPSY PERFORMED? <u>2</u> 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.) <u>4201</u>
20c. TIME OF INJURY Hour <u>10:35</u> Month, Day, Year <u>A</u> 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 COUNTY STATE
21. I attended the deceased from <u>1942</u> to <u>4-25-59</u> and last saw her/him alive on <u>4-25-59</u> Death occurred at <u>10:35 A</u> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>Dr. Charles A. Schwab D.O.</u>		22b. ADDRESS <u>Overland Park, Kans.</u>	22c. DATE SIGNED <u>4-28-59</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Buried</u>	23b. DATE <u>Apr. 28 '59</u>	23c. NAME OF CEMETERY OR CREMATORY <u>St John's</u>	23d. LOCATION (City, town, or county) (State) <u>Teneva Kansas</u>
24. FUNERAL DIRECTOR <u>Wilbur H Hoge</u>		ADDRESS <u>Overland Park, Ka</u>	25. DATE RECD. BY LOCAL REG. <u>4-28-59</u>
			26. REGISTRAR'S SIGNATURE <u>Irene Marshall</u>

(Licensed Embalmer's Statement on Reverse Side)

with, office, public, service, 00, 56, 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

Charles A. Schwab

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was e  
by me, or by ....., Student Embalmer No.....  
working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *J. Rafael Hoge*.....

Licensed Embalmer No. <sup>35</sup>.....

P. O. Address *Quincy*.....

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.