

FILED VS SEP 4 1959

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-029282

STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4141

| | | | |
|--|--|--|---|
| 1. PLACE OF DEATH a. COUNTY <u>Jackson</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</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>Kansas City</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>St. Lukes Hospital</u> | | Length of stay in lb <u>Life</u> | d. STREET ADDRESS (If outside, give location) <u>5224 Brookwood Rd.</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |

| | | | | | |
|---|----------------------------------|---|--|--|--|
| 3. NAME OF DECEASED (Type or print) First <u>Albert</u> Middle <u>E.</u> Last <u>Rhinehart</u> | | | 4. DATE OF DEATH Month <u>Aug.</u> Day <u>23</u> Year <u>1959</u> | | |
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</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>Nov. 10, 1910</u> | 9. AGE (In years last birthday) <u>48</u> IF UNDER 1 YEAR: Months <u>0</u> Days <u>0</u> IF UNDER 24 HRS.: Hours <u>0</u> Min. <u>0</u> | |

| | | | | | |
|---|--|---|--|---|--|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Carpenter</u> | | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (City and state or country) <u>Kansas City, Missouri</u> | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> | |
| 13a. FATHER'S NAME <u>Albert Rhinehart</u> | | 13b. MOTHER'S MAIDEN NAME <u>Lenora Carberry</u> | | 14. NAME OF HUSBAND OR WIFE <u>Janie Rhinehart</u> | |

| | | | | | |
|---|--|---|---|--|--|
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | | 16. SOCIAL SECURITY NO. <u>574-09-5236</u> | 17. INFORMANT <u>Kansas City, Missouri</u> <u>Mrs. Janie Rhinehart 5224 Brookwood Road</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>acute coronary occlusion</u> | | INTERVAL BETWEEN ONSET AND DEATH <u>sudden</u> <u>38 days</u> |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | DUE TO (b) <u>coronary occlusion</u> | |
| | 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.) <u>4201</u> | | |
| 20c. TIME OF INJURY Hour . Month, Day, Year 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 15 July 1959 to 16 Aug 59 and last saw ^{her}him alive on 16 Aug 1959
Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.

| | | |
|--|-------------------------------------|--------------------------------------|
| 22a. SIGNATURE <u>K.W. Carbaugh M.D.</u> (Degree or title) | 22b. ADDRESS <u>Wesley, Kans</u> | 22c. DATE SIGNED <u>24 Aug 59</u> |
|--|-------------------------------------|--------------------------------------|

| | | | |
|---|-------------------------------|--|---|
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Cremation</u> | 23b. DATE <u>8/25/1959</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>D.W. Newcomers Sons</u> | 23d. LOCATION (City, town, or county) (State) <u>Kansas City, Missouri</u> |
|---|-------------------------------|--|---|

| | | |
|---|--|---|
| 24. FUNERAL DIRECTOR <u>D.W. Newcomers Sons 1331 Brush Creek Blvd.</u> ADDRESS <u>Kansas City Missouri</u> | 25. DATE RECD. BY LOCAL REG. <u>8-25-59</u> | 26. REGISTRAR'S SIGNATURE <u>Neve Marshall</u> |
|---|--|---|

MEDICAL CERTIFICATION USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE K.W. Carbaugh

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 *Chester K. Brown*

Licensed Embalmer No. *483*
P. O. Address *1505*

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.