RI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS OCT 2 1959

59–032918

STATE FILE NUMBER

Registration District No. 174 Primary Registration District No. 3035 Registrar's No. 88

DED

1. PLACE OF DEATH
a. COUNTY Lafayette
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Lexington — Length of stay in 1b 2 days
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Memorial Hospital — Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Lafayette
c. CITY OR TOWN Higginsville — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 1900 Walnut — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First Leonard Middle Daniel Last Rehkop

4. DATE OF DEATH Month September Day 17 Year 1959

5. SEX male
6. COLOR OR RACE white
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH 7/31/1893
9. AGE (last birthday) 66 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Photography + Farming
10b. KIND OF BUSINESS OR INDUSTRY Owner – same
11. BIRTHPLACE (City and state or country) Higginsville, Mo.
12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME August Rehkop
13b. MOTHER'S MAIDEN NAME Dorothea Hoecker
14. NAME OF HUSBAND OR WIFE Marie Heinze Rehkop

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 341-26-3596
17. INFORMANT Mrs. Marie Rehkop Address Higginsville, 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) Acute myocardial infarction — INTERVAL BETWEEN ONSET AND DEATH 15 hrs.
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)
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 9-16-59, to 9-17-59 and last saw ~~her~~ him alive on 9-16-59
Death occurred at 8 40 AM m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Wilbur E. Fulkerson M.D.
22b. ADDRESS Higginsville Mo.
22c. DATE SIGNED 9-29-59

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE Sept. 19, 1959
23c. NAME OF CEMETERY OR CREMATORY Evangelical
23d. LOCATION (City, town, or county) Higginsville (State) Mo.

24. FUNERAL DIRECTOR Wiegers-Rickhof, ADDRESS Higginsville Mo.
25. DATE RECD. BY LOCAL REG. 10-1-59
26. REGISTRAR'S SIGNATURE [signature]

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

DOCUMENT

BY AFFIDAVIT OF

OCT 22 1959

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Forest Reekhaf

Signature of Student Embalmer

Licensed Embalmer No. 428

P. O. Address Higginsville, I

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