

FILED VS MAR 9 1960

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

-60-005729

STATE FILE NUMBER

Registration District No. 107 Primary Registration District No. 3019 Registrar's No. 42

1. PLACE OF DEATH a. COUNTY <u>Dunklin</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Dunklin</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Kennett</u>		c. CITY OR TOWN <u>Kennett 03500</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Presnell Hosp.</u>		d. STREET ADDRESS (If outside, give location) <u>Rural Rt. 3</u>	
3. NAME OF DECEASED (Type or print) First <u>Randy</u> Middle <u>Lynn</u> Last <u>Rebstock</u>		4. DATE OF DEATH Month <u>2</u> Day <u>18</u> Year <u>1960</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> <u>Infant</u>	8. DATE OF BIRTH <u>8-17-1958</u>
9. AGE (In years last birthday) <u>1</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>none</u>	11. BIRTHPLACE (City and state or country) <u>Kennett, Mo.</u>
13a. FATHER'S NAME <u>Cecil Rebstock</u>		14. NAME OF HUSBAND OR WIFE <u>none</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>	
17. INFORMANT <u>Cecil Rebstock-Kennett, Mo. Rt. 3</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 influenza, intestinal flu</u> DUE TO (b) _____ DUE TO (c) <u>482X</u> 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? <u>YES</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u>	
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. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20e. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <u>2-15-60</u> to <u>2-18-60</u> and last saw him live <u>live</u> on <u>2-18-60</u> Death occurred at <u>approximately 1:30pm</u> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>H.C. Wilson M.D.</u>		22b. ADDRESS <u>Kennett, Mo.</u>	
22c. DATE SIGNED <u>2-23-60</u>		23. NAME OF CEMETERY OR CREMATORY <u>Oak Ridge</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>2-20-1960</u>	
23c. LOCATION (City, town, or county) <u>Kennett, Mo.</u>		23d. (State)	
24. FUNERAL DIRECTOR <u>McDaniel Funeral Ser. Kennett, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>2-29-1960</u>	
26. REGISTRAR'S SIGNATURE <u>Earl Husband</u>			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

10/27/80 8-8-66
Co. File No. 360-80

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 *Terry J. Delaney*

Licensed Embalmer No. *4886*

P. O. Address *Kennerly, Mo*

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.