URI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

FILED VS JUN 17 1960

60-023354

STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3061

ENDED

1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City
Length of stay in 1b: 7 Months
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Beacon Hill Nursing Home
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Kansas
b. COUNTY Johnson
c. CITY OR TOWN Overland Park
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 7428 Woodson
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First Charles Middle William Last Rhinehart

4. DATE OF DEATH Month June Day 5 Year 1960

5. SEX Male

6. COLOR OR RACE White

7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH June 6, 1873

9. AGE (last birthday) 86

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) General Contractor

10b. KIND OF BUSINESS OR INDUSTRY Bulding Contractor

11. BIRTHPLACE (City and state or country) Canton Ohio

12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME William Wesley Rhinehart

13b. MOTHER'S MAIDEN NAME Rozena Suter

14. NAME OF HUSBAND OR WIFE Elsie L. Rhinehart

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. None

17. INFORMANT Elsie L. Rhinehart Address 7428 Woodson Overland Park Kans.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Cerebral Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 3 days

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) Arteriosclerosis — years

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
Arteriosclerotic Parkinsonism — Trophic Ulcer left foot

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 11 April 60, to 5 June 60 and last saw ~~her~~ him alive on 21 May 60

Death occurred at 2:30 PM m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Jean B. Willoughby (Degree or title) MD

22b. ADDRESS 5905 Main KC 13 Mo

22c. DATE SIGNED 6 Jun 60

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial

23b. DATE June 8, 1960

23c. NAME OF CEMETERY OR CREMATORY Antioch

23d. LOCATION (City, town, or county) (State) Overland Park Kansas

24. FUNERAL DIRECTOR J. Rayne Hoge ADDRESS Overland Park Kansas

25. DATE RECD. BY LOCAL REG. 6-7-60

26. REGISTRAR'S SIGNATURE Neva Marshall

(Licensed Embalmer's Statement on Reverse Side)

BY AFFIDAVIT OF Jean B. Willoughby MEDICAL CERTIFICATION DOCUMENT

STATEMENT BY LICENSED EMBALMER

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

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed J. Roger Hogl

Signature of Student Embalmer

Licensed Embalmer No. 3579

P. O. Address Cleveland Pa

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