

AMENDED

Registration District No. **318** Primary Registration District No. **1003** FILED NOV 8 1961

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY CRAWFORD	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS		Length of stay in lb 12 DAYS	c. CITY OR TOWN BOURBON
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION BARNES HOSP		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) R.R. 2
		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Middle Last BONNIE ONETA REINER			4. DATE OF DEATH Month Day Year OCT. 22 1961		
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH JUNE 4, 1925	9. AGE (last birthday) 36	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY HOME	11. BIRTHPLACE (City and state or country) BOURBON, MO.	12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME WILLIAM BONNENKAMP		13b. MOTHER'S MAIDEN NAME MINNIE SITES		14. NAME OF HUSBAND OR WIFE WILLIAM REINER	
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.		17. INFORMANT Address	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 3rd Degree Burns of 90% of body; suffered in gas water heater explosion in home at Bourbon, Mo. on 10-10-61		INTERVAL BETWEEN ONSET AND DEATH
DUE TO (b) Accident		
DUE TO (c) 10-10-61		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 917-0-17		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" 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.) Water Heater Explosion	
20c. TIME OF INJURY Hour Month, Day, Year 10 10 61			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Stone	20f. CITY, TOWN, OR LOCATION COUNTY STATE Bourbon Mo
21. I attended the deceased from _____ to _____ and last saw her alive on _____ Death occurred at 5:00 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.			

22a. SIGNATURE (Degree or title) Joseph M. Quinn Deputy Coroner		22b. ADDRESS 1300 Clark		SIGNED OCT 22 1961	
23. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE OCT. 24 1961	23c. NAME OF CEMETERY OR CREMATORY BOURBON CEM.	23d. LOCATION (City, town, or county) (State) BOURBON MO.		
24. FUNERAL DIRECTOR H.M. EATON, SULLIVAN, MO.		25. DATE RECD. BY LOCAL REG. Oct 22 1961		26. REGISTRAR'S SIGNATURE Paul Smith, M.D.	

DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

ITEM NO. SHOULD READ

BY AFFIDAVIT OF

1833

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~~ WILHARD STRAUER, Student Embalmer No. 623

working under my personal supervision.

Student Wilhard Strauser
Signature of Student Embalmer

Signed Harrison M. Eaton

Licensed Embalmer No. 4192

P. O. Address Sullivan, 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.