

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=62-019236

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 146

Primary Registration District No. 3026

Registrar's No. 267

FILED JUN 5 1962

VS 300
Rev. 4/59

17005
28150

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY Jackson		a. STATE Kansas b. COUNTY Mitchell	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Independence		c. CITY OR TOWN Beloit	
Length of stay in Tb 8 Months		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 121 E. Kansas		d. STREET ADDRESS (If outside, give location) Beloit, Kansas	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print)			4. DATE OF DEATH
First Clara Middle Velma Last Reinhardt			Month May Day 30 Year 1962
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 8-31-1880
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Domestic	9. AGE (last birthday) 81
11a. FATHER'S NAME Benjamin R. Fishback		11b. MOTHER'S MAIDEN NAME Nancy Ellen Campbell	11c. IF UNDER 1 YEAR Months 0 Days 0 Hours 0 Min. 0
12a. NAME OF HUSBAND OR WIFE William W. Reinhardt Dec.d		12b. CITIZEN OF WHAT COUNTRY USA	
13. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		14. SOCIAL SECURITY NO. None	15. INFORMANT Mrs. B.H. Fishback 121 E. Kansas Indep. Mo.
16. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:			17. INTERVAL BETWEEN ONSET AND DEATH 6 mo.
IMMEDIATE CAUSE (a) Cerebral Hemorrhage			
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. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown
18. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	19. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
21. TIME OF INJURY Hour _____ a.m. _____ p.m.	22. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	23. CITY, TOWN, OR LOCATION	COUNTY STATE
24. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		25. I attended the deceased from 10-21-1961 to 5-30-1962 and last saw her ^{her} alive on 5-30-62	
26. Death occurred at 3:15 a m on the date stated above, and to the best of my knowledge, from the causes stated.		27. SIGNATURE (Degree or title) Cliff Miller MD	
28. ADDRESS Leos Summit mo		29. DATE SIGNED 5/30/62	
30. BURIAL, CREMATION, REMOVAL (Specify) Removal	31. DATE 5-30-1962	32. NAME OF CEMETERY OR CREMATORY Elmwood Cemetery	33. LOCATION (City, town, or county) Beloit, Kansas
34. FUNERAL DIRECTOR Geo. C. Carson & Sons Independence, Mo.		35. DATE RECD. BY LOCAL REG. 5-30-62	36. REGISTRAR'S SIGNATURE Alba L. Craig

B. Miller

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

Marshall C. Blackwell

Licensed Embalmer No.

4713

P. O. Address

Raytown, 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.