MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-041246
STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

Registration District No. 322 Primary Registration District No. 4474 Registrar's No. 69

FILED OCT 30 1962

1. PLACE OF DEATH
a. COUNTY Saline
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Sweet Springs — Length of stay in Hospital: 7 wks.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Community Hospital — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo b. COUNTY Saline
c. CITY OR TOWN Sweet Springs — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 230 Bridge, St. — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First: Esther Middle: Anna Marie Last: Reinwald

4. DATE OF DEATH Month: Oct. Day: 24, Year: 1962

5. SEX: Female
6. COLOR OR RACE: White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 7/5/1909
9. AGE (last birthday): 53 yrs. — IF UNDER 1 YEAR: Months 3 Days 9 — IF UNDER 24 HR: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Telephone Operator
10b. KIND OF BUSINESS OR INDUSTRY: Telephone
11. BIRTHPLACE (City and state or country): London, Arkansas
12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: Henry M. Schreiner
13b. MOTHER'S MAIDEN NAME: Mary Mueller
14. NAME OF HUSBAND OR WIFE: Herman Reinwald

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of servi[illegible])
16. SOCIAL SECURITY NO.: [redacted]
17. INFORMANT: Herman Reinwald, Address: Sweet Springs, Mo

18. CAUSE OF DEATH (Enter only one cause per line)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Cerebral hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 1 1/2 hrs
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Cerebral metastases — Several days
DUE TO (c) Carcinoma of breast — several yrs
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 Jan 1950 to Oct 24, 1962 and last saw her alive on Oct 24, 1962
Death occurred at 4:15 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE [illegible] MD (Degree or title)
22b. ADDRESS Concordia, Mo
22c. DATE SIGNED 10/26/62

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 10/27/1962
23c. NAME OF CEMETERY OR CREMATORY: Fairview
23d. LOCATION (City, town, or county) (State): Sweet Springs, Missouri

24. FUNERAL DIRECTOR: Jane Miller ADDRESS: Sweet Springs, Mo
25. DATE RECD. BY LOCAL REG.: Oct. 27, 1962
26. REGISTRAR'S SIGNATURE: Mary Moseley

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED
1	0970		
2	0970		
3			
4	1		
5	1		
6			
7	1		
8	2		
9	170 X		
10			
11			
12	3-0		
13	2-0		

BY AFFIDAVIT OF DOCUMENT

USE BLACK INK OR TYPEWRITER RIBBON

DEC 7 1962

Burial Permit Issued on 10/27/1962

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 Jene Y Miller

Licensed Embalmer No. 4783

P. O. Address Sweet Springs 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.