

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-037836

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Registration District No. _____ Primary Registration District No. 3016 Registrar's No. 367

STATE FILE NUMBER

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY <u>Cole</u>		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Jefferson City</u>		a. STATE <u>Missouri</u> b. COUNTY <u>Cole</u>		c. CITY OR TOWN <u>Jefferson City</u>	
Length of stay in lb <u>48 years</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>211 Bolivar Street</u>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print)				4. DATE OF DEATH			
First <u>DOLLIE</u>		Middle <u>CATHERINE</u>		Last <u>RINER</u>		Month <u>Oct</u> Day <u>26th</u> Year <u>1960</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>2/20/75</u>	9. AGE (last birthday) <u>85</u>	IF UNDER 1 YEAR	IF UNDER 24 HR	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>		11. BIRTHPLACE (City and state or country) <u>Centertown, Missouri</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>	
13a. FATHER'S NAME <u>Lewis A. Shull</u>			13b. MOTHER'S MAIDEN NAME <u>Mary J. Butcher</u>		14. NAME OF HUSBAND OR WIFE <u>Alex. Riner, Dec.</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>Jack Riner</u> Address <u>Jefferson City, Mo.</u>		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:							INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) <u>Myocardial Infarction</u>							<u>4 hrs</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Arteriosclerotic Heart Disease</u>							<u>5 yrs</u>
DUE TO (c) <u>Generalized Arteriosclerosis</u>							<u>20 yrs(?)</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH, but not related to the terminal disease condition given in PART I (a) <u>Previous; Tuberculosis; Chronic Fibrosis; Senility</u>					PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		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. Month, Day, Year _____		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		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 <u>Sept. 1946</u> to <u>Oct. 26, '60</u> and last saw her <u>her</u> alive on <u>Oct. 26, 1960</u> Death occurred at <u>8:30 Pm</u> on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <u>Donald Shull M.D.</u> (Degree or title)				22b. ADDRESS <u>521 E. High Jefferson City, Mo.</u>		22c. DATE SIGNED <u>Oct. 28, 1960</u> (State)	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>Oct 29th 1960</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Centertown Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Centertown, Missouri</u>	
24. FUNERAL DIRECTOR <u>Tanner Service, Jefferson City, Mo.</u> ADDRESS _____				25. DATE RECD. BY LOCAL REG. <u>1 November 1960</u>		26. REGISTRAR'S SIGNATURE <u>R.P. Dorris, Md. - Richter, Dep.</u>	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

Shull, M. A.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Wm. A. Shull

Licensed Embalmer No. 4620
P. O. Address Fin

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.