

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4109

State File No.

FILED MAR 10 1955

BIRTH NO. _____ REG. DIST. NO. 389 PRIMARY REG. DIST. NO. 2761 Registrar's No. 6

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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY Callaway		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Cole	
b. CITY (If outside corporate limits, write RURAL and give township) New Bloomfield		c. LENGTH-OF STAY (in this place) 6 weeks	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION Ingram Nursing Home		e. STREET ADDRESS (If rural, give location) 429 East McCarty St. <u>0264</u> <u>0</u>	

3. NAME OF DECEASED (Type or Print) a. (First) ETTA	b. (Middle) RACHEL	c. (Last) RINER	4. DATE OF DEATH (Month) (Day) (Year) March 2 1955
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH Sept. 6 1871	9. AGE (In years last birthday) 83 IF UNDER 1 YEAR Months 5 IF UNDER 12 HRS. Days 24 Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife	10b. KIND OF BUSINESS OR INDUSTRY -----	11. BIRTHPLACE (City and State or Foreign Country) Cole County, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Asa Harper	13b. MOTHER'S MAIDEN NAME Sarah Chambers	14. NAME OF HUSBAND OR WIFE -----
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME Miss Johnnie Riner	ADDRESS 429 E. McCarty St
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis		INTERVAL BETWEEN ONSET AND DEATH 2 1/2 hrs
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 4201	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from Mar 1, 1955, to Mar 3, 1955, that I last saw the deceased alive on Mar 2, 1955, and that death occurred at 8:45 p. m., from the causes and on the date stated above.

23a. SIGNATURE P. Wess Rusk	(Degree or title) M.D.	23b. ADDRESS New Bloomfield Mo	23c. DATE SIGNED 3-3-55
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24a. BURIAL CREMATION, REMOVAL (Specify) Burial	24b. DATE Mar 5 1955	24c. NAME OF CEMETERY OR CREMATORY Centertown Cemetery	24d. LOCATION (City, town, or county) (State) Centertown, Missouri
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DATE REC'D BY LOCAL REG. 3/3/55	REGISTRAR'S SIGNATURE Letty Clayton	25. FUNERAL DIRECTOR'S SIGNATURE Tanner Funeral Home	ADDRESS 700 Jefferson St
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MAY 2 1956

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 *Donald S. Green*

Licensed Embalmer No. *46*

P. O. Address *Jan*

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.