

FILED AUG 27 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 29076

BIRTH NO.		REG. DIST. NO. 294		PRIMARY REG. DIST. NO. 6022		Registrar's No. 94			
1. PLACE OF DEATH a. COUNTY Ray				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Ray					
b. CITY (If outside corporate limits, write RURAL and give township) Rural-Richmond Twp.		c. LENGTH OF STAY (In this place) 5 hours		c. CITY OR TOWN Richmond		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 Ray County Hospital				e. STREET ADDRESS (If rural, give location) None					
3. NAME OF DECEASED (Type or Print) a. (First) EDWARD			b. (Middle) RINKENBAUGH			c. (Last) RINKENBAUGH			
4. DATE OF DEATH (Month) (Day) (Year) Aug. 17, 1957		5. SEX <input type="radio"/> Male <input checked="" type="radio"/> Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced			
8. AGE (In years last birthday) 79		9. IF UNDER 1 YEAR (Months) (Days) (Hours) (Min.) 10 0		10. DATE OF BIRTH Oct. 17, 1877		11. BIRTHPLACE (City and State or Foreign Country) Ray County, Missouri			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Miner		10b. KIND OF BUSINESS OR INDUSTRY Coal		11. BIRTHPLACE (City and State or Foreign Country) Ray County, Missouri		12. CITIZEN OF WHAT COUNTRY? USA			
13a. FATHER'S NAME John Rinkenbaugh			13b. MOTHER'S MAIDEN NAME Ellen B. Keller			14. NAME OF HUSBAND OR WIFE Ida Bock			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. 186-09-1269A		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Ruby Hart, Ponca City, Okla.					
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, asphyxia, etc. It means the disease, injury, or complication which caused death.				19. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Massive cerebral Hemorrhage - 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. Arteriosclerosis -				INTERVAL BETWEEN ONSET AND DEATH hrs.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 331X				20. AUTOPSY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
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)		21f. HOW DID INJURY OCCUR?			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>							
22. I hereby certify that I attended the deceased from 7-4 , 19 57 , to 8-17 , 19 57 , that I last saw the deceased alive on 8-17 , 19 57 , and that death occurred at 5:30 Pm. , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) Ch. Sawault M.D.				23b. ADDRESS Richmond		23c. DATE SIGNED 8-22-57			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 8-20-1957		24c. NAME OF CEMETERY OR CREMATORY Sunny Slope Cemetery		24d. LOCATION (City, town, or county) (State) Richmond, Mo.			
DATE REC'D BY LOCAL REG. 8-23-1957		REGISTRAR'S SIGNATURE Mabel Jackson		25. FUNERAL DIRECTOR'S SIGNATURE Thomas J. Carter		ADDRESS Richmond, Mo.			

(Licensed Embalmer's Statement on Reverse Side)

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

Records 283-57

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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 *Thomas J. Carter*.....

Licensed Embalmer No. *44*.....

P. O. Address *Richmond*.....

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.