

FILED JUL 10 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **21569**
Registrar's No. **16**

BIRTH NO. _____		REG. DIST. NO. 296		PRIMARY REG. DIST. NO. 4444		Registrar's No. 16			
1. PLACE OF DEATH a. COUNTY Ray				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson					
b. CITY (If outside corporate limits, write RURAL and give township) Camden		c. LENGTH OF STAY (in this place) 1 week		c. CITY (If outside corporate limits, write RURAL and give township) Kansas City		3-3-58			
d. FULL NAME OF HOSPITAL OR INSTITUTION Main St.				d. STREET ADDRESS (If rural, give location) 5625 East 29th Terrace					
3. NAME OF DECEASED (Type or Print) JOSEPH			a. (First) _____		b. (Middle) _____		c. (Last) RINKENBAUGH		
4. DATE OF DEATH July 3, 1952		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced 3		8. DATE OF BIRTH March 17, 1886		9. AGE (In years last birthday) 66		IF UNDER 1 YEAR 3 Months IF UNDER 1 HR. 16 Hours	
5. SEX Male		6. COLOR OR RACE White		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired miner		10b. KIND OF BUSINESS OR INDUSTRY Coal miner		11. BIRTHPLACE (State or foreign country) Richmond, Mo.	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME John Rinkenbaugh		13b. MOTHER'S MAIDEN NAME Ellen Kellar		14. NAME OF HUSBAND OR WIFE Laura Walker			
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. 342-10-0983		17. INFORMANT'S SIGNATURE OR NAME K.C., M.D. Joseph W. Rinkenbaugh, 5625 E. 29th Terr.					
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, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CHRONIC MYOCARDITIS Inst 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.				INTERVAL BETWEEN ONSET AND DEATH —	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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) _____		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 6-3- 19 52 to 7-3- 19 52 that I last saw the deceased alive on 7-2- 19 52 and that death occurred at 2:30 pm. , from the causes and on the date stated above.					
23a. SIGNATURE J. E. Ray M.D. (Degree or title)				23b. ADDRESS Richmond, Mo.		23c. DATE SIGNED 7-5-52			
24a. BURIAL CREMATION, REMOVAL (Specify) Burial		24b. DATE July 6, 1952		24c. NAME OF CEMETERY OR CREMATORY Sunny Slope Cemetery		24d. LOCATION (City, town, or county) (State) Richmond, Mo.			
DATE REC'D BY LOCAL REG. 7-5-52		REGISTRAR'S SIGNATURE Nellie J. Larkin		25. FUNERAL DIRECTOR'S SIGNATURE Thurman Funeral Home		ADDRESS Richmond, Mo.			

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

JUL 17 1953

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, ~~by~~ by _____

Student Embalmer No. _____

working under my personal supervision.

Student _____
Student Embalmer

Signed Wm. L. Thurman

Licensed Embalmer No. 4563

P. O. Address Richmond, 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 this body is not embalmed, fact should be so stated above.