

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

STANDARD CERTIFICATE OF DEATH

20435

FILED JUN 24 1957

STATE FILE NUMBER

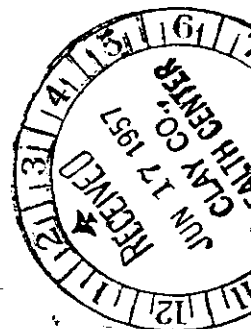
Registration District No. 72 Primary Registration District No. 3287 Registrar's No. 57

1. PLACE OF DEATH a. COUNTY <u>Clay</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Clay</u>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>North Kansas City</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN <u>North Kansas City</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>1 Mi. S.W. Birmingham 6 gm</u>			Length of stay in 1b	d. STREET ADDRESS (If outside, give location) <u>1 Mi. S.W. Birmingham</u>	
3. NAME OF DECEASED (Type or print) First <u>Roscoe</u> Middle <u>Rinckenbaugh</u> Last <u>Rinckenbaugh</u>			4. DATE OF DEATH <u>June 8 1957</u>		
5. SEX <u>M</u>	6. COLOR OR RACE <u>W.</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Nov 24, 1903</u>	9. AGE (In years last birthday) <u>53</u>	IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Engineer K.S. Terminal R.R.</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City, and state or country) <u>Richmond, Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>
13. FATHER'S NAME <u>Hugh Rinckenbaugh</u>			14. MOTHER'S MAIDEN NAME <u>Lula Rogers</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCE (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>495-07-8109</u>	17. INFORMANT Address <u>Mr Hazel Rinckenbaugh RT 13 NKS.</u>		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Acute Myocardial Infarction</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Coronary artery thrombosis</u> DUE TO (c) <u>4/201</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(n) <u>Hypertensive Cardiovascular Disease</u>					INTERVAL BETWEEN ONSET AND DEATH <u>1 hr</u> <u>1 hour</u>
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 Month, Day, Year a. m. p. m.					
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>10:35 to June 8 '57</u> and last saw her <u>alive on June 1 1957</u> Death occurred at <u>1:20 pm</u> on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <u>Edw. J. Fischer M.D.</u>			22b. ADDRESS <u>306 E. 7th NKC 16 Mo.</u>		22c. DATE SIGNED <u>6/8/57</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>June 10-57</u>	23c. NAME OF CEMETERY, OR CREMATORY <u>Sunny Slope Cem</u>	23d. LOCATION (City, town, or county) (State) <u>Richmond, Mo.</u>		
24. FUNERAL DIRECTOR ADDRESS <u>D. W. Newcomer's Sons N.K.S.</u>		25. DATE RECD. BY LOCAL REG. <u>6-9-57</u>	26. REGISTRAR'S SIGNATURE <u>Marquette Judgen</u>		

JUN 25 1951

JUN 4 1958

SEP 8 1957



STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em

by me, or by Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed... *Glenn D. Hill*

Licensed Embalmer No. 45

P. O. Address K.C. 10

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (If 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.