

FILED FEB 7 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 960

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 70-A

1. PLACE OF DEATH a. COUNTY Greene		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Shannon	
b. CITY OR TOWN Springfield	c. LENGTH OF STAY (In this place) 1 Month	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Birch Tree	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. John Hosp		d. STREET ADDRESS (If rural, give location) X	
3. NAME OF DECEASED a. (First) Delitha		b. (Middle) E.	
c. (Last) Renegar		4. DATE OF DEATH (Month) (Day) (Year) Jan 24, 1949	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH April 14, 1880
9. AGE (In years last birthday) 68		IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Shannon County, Mo.
12. CITIZEN OF WHAT COUNTRY USA		13a. FATHER'S NAME W.A. Nicholson	
13b. MOTHER'S MAIDEN NAME Mary E. Hess		14. NAME OF HUSBAND OR WIFE Lester L. Renegar	
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. No	
17. INFORMANT'S SIGNATURE OR NAME W.L. Renegar, Birch Tree, Mo.		ADDRESS	
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary embolus ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Acute Pericardial resection DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 5/21	
INTERVAL BETWEEN ONSET AND DEATH		abstrac	
19a. DATE OF OPERATION 12-27-48	19b. MAJOR FINDINGS OF OPERATION Divertercilitis, Diverterculosis, Palsy of Larynx & Cords		
20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)	
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"/>	
21f. HOW DID INJURY OCCUR? C			
22. I hereby certify that I attended the deceased from 12-21, 1948, to Jan 24, 1949, that I last saw the deceased alive on Jan 24, 1949, and that death occurred at 6 a.m., from the causes and on the date stated above.			
23a. SIGNATURE G. Ferrell M.D.		23b. ADDRESS Springfield Mo.	
23c. DATE SIGNED 1-24-49		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
24b. DATE 1/27/49		24c. NAME OF CEMETERY OR CREMATORY Oak Forest	
24d. LOCATION (City, town, or county) (State) Birch Tree, Mo.		DATE REC'D BY LOCAL REG. 2-2-49	
REGISTRAR'S SIGNATURE W. J. Landley		25. FUNERAL DIRECTOR'S SIGNATURE H.H. Lohmeyer, Springfield, Mo.	
ADDRESS		ADDRESS	

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

25 39  
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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.

Signed Walter E Hamilton

Signed.....  
Student Embalmer

Licensed Embalmer No. 3808

P. O. Address Burgfield, N.C.

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.