

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

State File No. **16965**

FILED MAY 17 1954

BIRTH NO. 32199-54 REG. DIST. NO. 294 PRIMARY REG. DIST. NO. 3056 Registrar's No. 108

1. PLACE OF DEATH a. COUNTY <u>Randolph</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Randolph</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Moberly</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Moberly</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Woodland Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>316 West Carpenter</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Thomas</u> b. (Middle) <u>William</u> c. (Last) <u>Rensink</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>May 7, 1954</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <input checked="" type="checkbox"/>	8. DATE OF BIRTH <u>May 7, 1954</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY <input checked="" type="checkbox"/>	9. AGE (In years last birthday) <u>3</u> # UNDER 1 YEAR Months <u>3</u> # UNDER 1 MONTH Days <u>3</u>
11. BIRTHPLACE (City and State or Foreign Country) <u>Moberly Mo.</u>		12. CITIZEN OF WHAT COUNTRY?	

13a. FATHER'S NAME <u>Marion Rensink</u>	13b. MOTHER'S MAIDEN NAME <u>Alie Marie Spedel</u>	14. NAME OF HUSBAND OR WIFE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) <u>no</u>	16. SOCIAL SECURITY NO. <u>no</u>	INFORMANT'S SIGNATURE OR NAME <u>Marion S. Rensink</u> ADDRESS <u>Moberly Mo.</u>

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		INTERVAL BETWEEN ONSET AND DEATH <u>3 hrs.</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Erythroblastosis fetalis</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>RN - negative mother</u> DUE TO (c) <u>Negatively</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Negatively</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>7700</u>	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)
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?

22. I hereby certify that I attended the deceased from 5-7, 1954, to 5-7, 1954, that I last saw the deceased alive on 5-7, 1954, and that death occurred at 1:30 PM, from the causes and on the date stated above.

23a. SIGNATURE <u>Robert H. Young M.D.</u> (Degree or title)	23b. ADDRESS <u>Moberly, Mo.</u>	23c. DATE SIGNED <u>5-7-54</u>
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>5/9/54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Madison, Wisconsin</u>
24d. LOCATION (City, town, or county) (State)	25. FUNERAL DIRECTOR'S SIGNATURE <u>Marion E. Nelson</u> ADDRESS <u>Moberly, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>5-7-54</u>	REGISTRAR'S SIGNATURE <u>Carroll</u>	

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

No. 300  
10-48

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 .....  
Student Embalmer

Signed

*Marion E. Milligan*

Licensed Embalmer No. *3957*

P. O. Address

*Mohawk, Missouri*

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.