

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 3609  
Registrar's No. 312

FILED FEB 15 1955

BIRTH NO.		REG. DIST. NO. 336		PRIMARY REG. DIST. NO. 4493		Registrar's No. 312			
1. PLACE OF DEATH a. COUNTY SHANNON				2. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission). a. STATE Mo. b. COUNTY SHANNON					
b. CITY OR TOWN Birch Tree		c. LENGTH OF STAY (in this place) 77 days		c. CITY OR TOWN Birch Tree		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				e. STREET ADDRESS (If rural, give location) 1010 0					
3. NAME OF DECEASED (Type or Print) Walter Lee Renegar			a. (First) b. (Middle) c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) JAN. 25-1955			
5. SEX M		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) W.		8. DATE OF BIRTH DEC. 1-1877			
9. AGE (In years last birthday) 77		IF UNDER 1 YEAR Months 1 Days 25		IF UNDER 1 YEAR Hours Min.					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMING				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) SHANNON Co. Mo.			
12. CITIZEN OF WHAT COUNTRY? U.S.				13a. FATHER'S NAME George Renegar		13b. MOTHER'S MAIDEN NAME MARTHA			
14. NAME OF HUSBAND OR WIFE Lillas 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.			
17. INFORMANT'S SIGNATURE OR NAME Wess J. Renegar				ADDRESS 1420 N.W. MIAMI, 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, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Apoplexy ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Age 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 4 weeks	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 334X				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) (Min.)		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 Jan 18, 1955, to Jan 25, 1955, that I last saw the deceased alive on Jan 24, 1955, and that death occurred at 10 P. m., from the causes and on the date stated above.									
23a. SIGNATURE R. S. Davis M.D. (Degree or title)				23b. ADDRESS Birch Tree Mo		23c. DATE SIGNED 2/10-55			
24a. BURIAL, CREMATION, REMOVAL (Specify) B.		24b. DATE 1-28-55		24c. NAME OF CEMETERY OR CREMATORY OAK Forest		24d. LOCATION (City, town, or county) (State) Birch Tree, Mo.			
DATE REC'D BY LOCAL REG. 2/15/55		REGISTRAR'S SIGNATURE Mable R... 4470		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS DUNCAN'S Mt. View, Mo.					

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

0. 300  
0. 48

10  
1

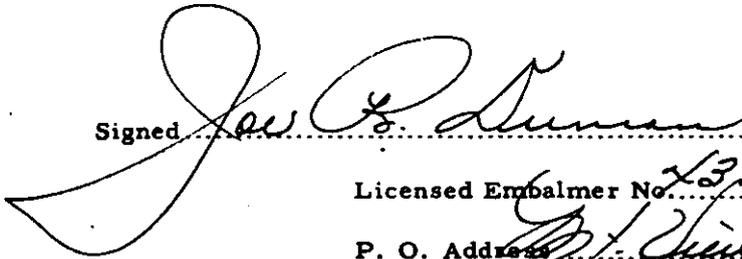
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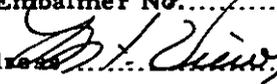
STATEMENT BY LICENSED EMBALMER

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  .....

Licensed Embalmer No. 732

P. O. Address 

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.