

FILED AUG 29 1955

THE DIVISION OF HEALTH - MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **25558**

BIRTH NO. _____ REG. DIST. NO. **38** PRIMARY REG. DIST. NO. **5213** Registrar's No. **24**

1. PLACE OF DEATH a. COUNTY CARTER		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY CARTER	
b. CITY OR TOWN RURAL-JACKSON Twp.	c. LENGTH OF STAY (in this place) 5 Yrs	c. CITY OR TOWN Ellisnore	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION Rt. 2, ELLISNORE		No. STREET ADDRESS (If rural, give location) Rt 2, 0180	

3. NAME OF DECEASED (Type or Print)	a. (First) James	b. (Middle) Donald	c. (Last) Rennison	4. DATE OF DEATH (Month) (Day) (Year) 8-24-1955
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	8. DATE OF BIRTH MARCH 12, 1929	9. AGE (In years last birthday) 16	IF UNDER 1 YEAR Months 5 Days 12	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Student.	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Walnut Ridge ARK	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Claude R. Rennison	13b. MOTHER'S MAIDEN NAME VERA MORRILL	14. NAME OF HUSBAND OR WIFE
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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. None	17. INFORMANT'S SIGNATURE OR NAME MRS. C. R. RENNISON ADDRESS Rt. 2, ELLISNORE, MO
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Suicide by Hanging	DUE TO (b) Strangulation	
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 974X		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) Suicide	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Barn	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Jackson Twp Carter MO.
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Aug 24, 1955 11:00	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? Used Rope over Rafter in Barn
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22. I hereby certify that I attended the deceased from **Death to Arrival**, that I last saw the deceased alive on **Aug 24, 1955**, and that death occurred at **11:00 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Colman M. Spiller	23b. ADDRESS Van Buren, Mo	23c. DATE SIGNED 8/25/55
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 8/26/55	24c. NAME OF CEMETERY OR CREMATORY GRASSHAM Cemetery	24d. LOCATION (City, town, or county) (State) CARTER County MO.
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DATE REC'D BY LOCAL REG Aug. 25-55	REGISTRAR'S SIGNATURE Mrs Octa Fenson	25. GENERAL DIRECTOR'S SIGNATURE Colman M. Spiller ADDRESS Van Buren, Mo
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

