

FILED APR 2 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

11842

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 353 PRIMARY REG. DIST. NO. 6196 Registrar's No. 15

1. PLACE OF DEATH a. COUNTY <u>Texas</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>Texas</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Sheerell</u> c. LENGTH OF STAY (in this place) <u>12 yrs</u>		c. CITY OR TOWN <u>Bloomington</u> 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 _____		e. STREET ADDRESS (If rural, give location) <u>2 mi South of Bloomington</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Rosa</u>	b. (Middle) <u>Etta</u>	c. (Last) <u>RENNICK</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Mar 24 1957</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>Nov 23, 1881</u>	9. AGE (In years) (last birthday) <u>75</u>	10. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) <u>House work</u>	10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (City and State or Foreign Country) <u>Franklin Co Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>William McQuire</u>	13b. MOTHER'S MAIDEN NAME <u>Isabella Jane Wood</u>	14. NAME OF HUSBAND OR WIFE <u>T.W. Rennick (deceased)</u>
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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) <u>No</u>	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <u>Sarah E. Kahler</u> ADDRESS _____
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardiac &amp; pulmonary arrest</u>		
	ANTECEDENT CAUSES DUE TO (b) <u>Cardiovascular renal disease 8 months</u> DUE TO (c) <u>Cachexia &amp; debilitation</u> II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i> <u>Semility</u>		

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION <u>442X</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____
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22. I hereby certify that I attended the deceased from Nov 27, 1957, to March 18, 1957, that I last saw the deceased alive on Dec 9, 1957, and that death occurred at 2:04 m., from the causes and on the date stated above.

23a. SIGNATURE <u>B. J. Myers D.O.</u> (Degree or title)	23b. ADDRESS <u>Licking Mo</u>	23c. DATE SIGNED <u>3-27-57</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>3/26/57</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Hope Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>Texas Co Mo</u>
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DATE REC'D BY LOCAL REG. <u>March 27, 1957</u>	REGISTRAR'S SIGNATURE <u>Elmore Hesse</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Smith &amp; Ferguson</u> ADDRESS <u>Licking Mo</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

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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 *Ernest Ferguson*.....

Licensed Embalmer No. *3948*.....

P. O. Address *Rocking*.....

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.