

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **16444**

FILED JUN 3 1957

BIRTH NO. _____		REG. DIST. NO. <u>58</u>		PRIMARY REG. DIST. NO. <u>4087</u>		Registrar's No. <u>12</u>	
1. PLACE OF DEATH a. COUNTY <u>Carter</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE <u>Mo.</u> b. COUNTY <u>Carter</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Van Buren</u>		c. LENGTH OF STAY (in this place) <u>30 yrs.</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Van Buren</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>On River Bank</u>				d. STREET ADDRESS (If rural, give location) <u>0 10 0</u>			
3. NAME OF DECEASED (Type or Print) <u>James Austin Rennie</u>			a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) <u>May</u> (Day) <u>28</u> (Year) <u>1957</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Oct. 9 - 1872</u>		9. AGE (In years last birthday) <u>84</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>General</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Marion Co., Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
13a. FATHER'S NAME <u>Geo. Rennie</u>		13b. MOTHER'S MAIDEN NAME <u>Barbara Kriegaum</u>		14. NAME OF HUSBAND OR WIFE <u>Kate Rennie</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>NO.</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mamie Levan St Louis 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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH <u>Instant</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Caused a Skull</u>						
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Lamado</u>						
	DUE TO (c) _____						
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>9348</u>						
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>46</u>				20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
21a. ACCIDENT (Specify) SUICIDE HOMICIDE <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office building, etc.) <u>Cornet Van Buren</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Van Buren Carter Mo</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>May 21 1957 8:10 a.m.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Lamado</u>			
22. I hereby certify that I attended the deceased from <u>D. O. A.</u> , 19 <u>  </u> , to <u>  </u> , 19 <u>  </u> , that I last saw the deceased alive on <u>  </u> , 19 <u>  </u> , and that death occurred at <u>4:10 P. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Coroner Van Buren Mo</u>				23b. ADDRESS <u>Van Buren Mo</u>		23c. DATE SIGNED <u>5/27/57</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>May 26 57</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Masodona</u>		24d. LOCATION (City, town, or county) (State) <u>Replay Co. Mo.</u>		
DATE REC'D BY LOCAL REG <u>May 31-1957</u>		REGISTRAR'S SIGNATURE <u>Mrs Oeta Henson</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Seaton Pruitt Van Buren Mo.</u>			

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

50

RECEIVED

MAY 31 1957

CARTER  
HEALTH

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

*Seaton Perwill*

Licensed Embalmer No. 2287

P. O. Address Van Buren Mo.

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.