

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-022900

STATE FILE NUMBER

Health,
Welfare
Public
Service

FILED JUN 16 1958 Registration District No. 291 Primary Registration District No. 4433 Registrar's No. 47

1. PLACE OF DEATH a. COUNTY <u>Putnam</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. <u>Putnam</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Unionville</u>		c. CITY OR TOWN <u>Unionville</u>	Inside Limits <u>Yes</u> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		Length of stay in lb	d. STREET ADDRESS (If outside, give location)
Reside on Farm <u>Yes</u> No <input type="checkbox"/>	3. NAME OF DECEASED (Type or print) <u>Willie</u> ^{First} <u>Burl</u> ^{Middle} <u>Rennells</u> ^{Last}	4. DATE OF DEATH <u>May 8 1958</u>	Month <u>8</u> Day <u>1958</u> Year
5. SEX <u>Male</u> <input type="checkbox"/>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/>	8. DATE OF BIRTH <u>1888-7-26</u>
WIDOWED <input type="checkbox"/> / DIVORCED <input type="checkbox"/>	9. AGE (In years last birthday) <u>69</u>	IF UNDER 1 YEAR Months <u>9</u> Days <u>12</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <u>Putnam Co. Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u>
13. FATHER'S NAME <u>Alvin S. Rennells</u>		14. MOTHER'S MAIDEN NAME <u>Clara Ryals</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <u>No</u>	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <u>No</u>	17. INFORMANT <u>Loren Rennells</u> Address <u>Unionville, Mo</u>
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Coronary occlusion</u> <u>arteriosclerosis & hypertension</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>Chronic glomerulonephritis</u> DUE TO (c) <u></u>			INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u> <u>years</u> <u>years</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)			19. WAS AUTOPSY PERFORMED? <u>592X</u> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <u>2</u>
20a. ACCIDENT <input type="checkbox"/>	SUICIDE <input type="checkbox"/>	HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Hour <u></u> Month, Day, Year <u></u>	a. m. <u></u> p. m. <u></u>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION	COUNTY	STATE	
21. I attended the deceased from <u>June 6-57</u> to <u>7 May 8-58</u> and last saw <u>him</u> alive on <u>7 May 8-58</u> . Death occurred at <u>1207 Main</u> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>Chas L Judd DO 2</u>		22b. ADDRESS <u>Unionville Mo</u>	22c. DATE SIGNED <u>5/9/58</u>
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <u>May 12</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Thompson Cem.</u>	23d. LOCATION (City, town, or county) (State) <u>Country Mo.</u>
24. FUNERAL DIRECTOR <u>F.O. Husted & Son Unionville Mo</u>		ADDRESS	25. DATE RECD. BY LOCAL REG. <u>6-14-58</u>
		26. REGISTRAR'S SIGNATURE <u>Manuel Durbin</u>	

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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1-56 /

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 *F. O. Hursted*.....

Licensed Embalmer No. *29*.....

P. O. Address *Unionville*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F 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.