Health, & Welfare Public Service
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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-033614
STATE FILE NUMBER

FILED OCT 6 1958 Registration District No. 245 Primary Registration District No. 3047 Registrar's No. 105

1. PLACE OF DEATH
a. COUNTY: Newton
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only): Neosho — Inside Limits: Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): 103 E. Grand — Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Newton
c. CITY OR TOWN: Neosho 0732 — Inside Limits: Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location): 103 E. Grand — Reside on Farm: Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First: ROY Middle: Last: RENICK
4. DATE OF DEATH: Month: Sept. Day: 22 Year: 1958

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: Aug. 5, 1890
9. AGE (In years last birthday): 68 — 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): Electrician
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and state or country): Smithville, Tenn.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME: W.S. Renick
13b. MOTHER'S MAIDEN NAME: Jessie Sheid
14. NAME OF HUSBAND OR WIFE: Jewel Renick

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: 496-16-2048
17. INFORMANT: Jewel Renick, 103 E. Grand, Neosho, Address

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Carcinoma Rt Kidney — INTERVAL BETWEEN ONSET AND DEATH: 6 mo
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b):
DUE TO (c): 180X
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? YES [ ] NO [X]

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY: Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
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 1957, to 22 SEPT 58 and last saw him alive on 22 SEPT 1958
Death occurred at 5:05 P.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: L D Taylor MD (Degree or title)
22b. ADDRESS: Neosho Mo
22c. DATE SIGNED: 25 Sep 58

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: Sept 24, 1958
23c. NAME OF CEMETERY OR CREMATORY: Neosho I.O.O.F.
23d. LOCATION (City, town, or county) (State): Neosho, Missouri

24. FUNERAL DIRECTOR: Darley Thompson Jr. ADDRESS: Neosho Mo
25. DATE RECD. BY LOCAL REG.: Sept. 25, 1958
26. REGISTRAR'S SIGNATURE: Melvin C. Bowman, MD

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

District Health Officer No. Newton
District File Number 1052-202
Date Filed OCT 3 1958

MAR 16 1959

VS NOV 4 1959

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 Corley T. Thompson Sr.
Licensed Embalmer No. 3259
P. O. Address Neosho Missc

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.