

IRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-041351

VS NOV 29 1960

INDEXED

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Chariton		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Chariton	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Salisbury township Length of stay in 1b over 60 yrs		c. CITY OR TOWN Salisbury Township Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION 6 mi. SW of Salisbury Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 6 miles So W of Salisbury Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First William Middle Henry Last Renne			4. DATE OF DEATH Month Nov. Day 20, Year 1960
5. SEX male	6. COLOR OR RACE white	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 2/21/1867
9. AGE (last birthday) 93		IF UNDER 1 YEAR Months Days	IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY General Farming	11. BIRTHPLACE (City and state or country) Germany
12. CITIZEN OF WHAT COUNTRY USA		13a. FATHER'S NAME Simon Wilhelm CONRAD	
13b. MOTHER'S MAIDEN NAME Augusta - unknown		14. NAME OF HUSBAND OR WIFE Pauline Kothe Renne	
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. 490-42-7535	17. INFORMANT Mr. William Renne, Address Forest Green Missouri
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cardiac Insufficiency DUE TO (b) Old age DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	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 Month, Day, Year			
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 Oct 6-1960 , to Nov 20-1960 and last saw him alive on Nov 17, 1960 Death occurred at 2:30 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE S. Weld, DO. (Degree or title)		22b. ADDRESS Kenterville Mo	22c. DATE SIGNED 11/21/60 (State)
23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE 11/22/1960	23c. NAME OF CEMETERY OR CREMATORY Asbury Cemetery	23d. LOCATION (City, town, or county) Chariton County, Mo.
24. FUNERAL DIRECTOR ADDRESS Chas. B. Winkelmeyer, Salisbury, Mo.	25. DATE RECD. BY LOCAL REG. 11-21-60	26. REGISTRAR'S SIGNATURE Opal L. Spruance deputy	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

JUN 7 1961

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Chas B Wintelman

Licensed Embalmer No. 384

P. O. Address Salisbury

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