

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=63-016761

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 200 Primary Registration District No. 3041 Registrar's No. 62

FILED MAY 14 1963

VS 300
Rev. 4/59

1 0611
2 1020
3
4 0
5 2
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7 0
8 2
9 4201
10
11
12 1-0
13 1-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

1. PLACE OF DEATH a. COUNTY <u>Macon</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Shelby</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Macon</u>		Length of stay in 1b <u>2 days</u>	c. CITY OR TOWN <u>Clatence</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Samaritan Hospital</u>		Inside limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>Clatence, Mo</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>Ruby</u> Middle <u>Renner</u> Last <u>Renner</u>			4. DATE OF DEATH Month <u>April</u> Day <u>26</u> Year <u>1963</u>
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>9/3/1885</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Service Station</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Service Station</u>	9. AGE (last birthday) <u>77</u> IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 24 HR: Hours _____ Min. _____
13a. FATHER'S NAME <u>William Renner</u>		13b. MOTHER'S MAIDEN NAME <u>Frances Jackson</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCE (Yes, no, or unknown) (If yes, give war or dates) <u>No</u>		14. NAME OF HUSBAND OR WIFE <u>Gracie Renner</u>	
17. INFORMANT <u>Opal Davis</u>		Address <u>Clatence, 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>Terminal Pulmonary Embolism</u>			INTERVAL BETWEEN ONSET AND DEATH <u>16 hrs</u>
DUE TO (b) <u>Myocardial Infarction</u>			
DUE TO (c)			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I. (a) <u>Gastrointestinal Hemorrhage Undetermined origin</u>			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 _____ a.m. _____ p.m. Month, Day, Year _____		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20f. CITY, TOWN, OR LOCATION	COUNTY STATE
21. I attended the deceased from <u>April 26</u> to _____ and last saw her/him alive on <u>April 24 1963</u> Death occurred at <u>6:40 p</u> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>James E. Campbell M.D.</u>		22b. ADDRESS <u>Macon Mo</u>	22c. DATE SIGNED <u>5/1/63</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>April 28, 1963</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Maplewood</u>	23d. LOCATION (City, town, or county) (State) <u>Clatence Mo.</u>
24. FUNERAL DIRECTOR <u>Greening</u>		ADDRESS <u>Clatence, Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>5/1/63</u> 26. REGISTRAR'S SIGNATURE <u>Paul McNeely</u>

USE BLACK INK OR TYPEWRITER RIBBON

AUG 28 1963

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. 689

working under my personal supervision:

Student

William L. Greening
Signature of Student Embalmer

Signed

Charles V. Greening

Licensed Embalmer No.

4625

P. O. Address

Clarence Ave

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.