

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-019345

STATE FILE NUMBER

MAY 27 1958 Registration District No. 297 Primary Registration District No. 6022 Registrar's No. 51

1. PLACE OF DEATH a. COUNTY <i>Ray</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Ray</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Richmond Township</i>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN <i>Richmond</i> c 891 0
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>Ray County Memorial Hospital</i>		Length of stay in 1b <i>80 years</i>	d. STREET ADDRESS (If outside, give location) <i>646 East Main</i>
		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Middle Last <i>JAMES FRANKLIN RENICK</i>			4. DATE OF DEATH Month Day Year <i>MAY 20 1958</i>		
5. SEX <i>male</i>	6. COLOR OR RACE <i>white</i>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>October 12, 1877</i>	9. AGE (In years last birthday) <i>80</i>	IF UNDER 1 YEAR Months Days <i>7 8</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Shoemaker</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Grocery</i>	11. BIRTHPLACE (City and state or country) <i>Morton Missouri</i>	12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	

13a. FATHER'S NAME <i>Robert Renick</i>	13b. MOTHER'S MAIDEN NAME <i>Susan Jane Yates</i>	14. NAME OF HUSBAND OR WIFE <i>Bessie E. (Jay) Renick</i>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>no none</i>	16. SOCIAL SECURITY NO. <i>None</i>	17. INFORMANT <i>Mrs. Bessie E. Renick</i>

18. CAUSE OF DEATH (Enter only one cause per life for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Hypostatic pneumonia, terminal</i>		INTERVAL BETWEEN ONSET AND DEATH <i>1 day</i>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		<i>455X</i>

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>Dry gangrene, both feet</i>		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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 a.m. p.m.	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 *2-14-58* to *5-20-58* and last saw him alive on *5-19-58*  
Death occurred at *12:45* A. M. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <i>L. A. Crozier, M.D.</i>	22b. ADDRESS <i>Richmond, Mo.</i>	22c. DATE SIGNED <i>5-20-58</i>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	23b. DATE <i>May 21, 1958</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Sunny Slope Cemetery</i>	23d. LOCATION (City, town, or county) (State) <i>Richmond, Missouri</i>
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24. FUNERAL DIRECTOR QUEST-LIFE FUNERAL HOME RICHMOND, MISSOURI	25. DATE RECD. BY LOCAL REG. <i>5-24-1958</i>	26. REGISTRAR'S SIGNATURE <i>Mabel Jackson</i>
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(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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.

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JUN 8 1958

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 *Joseph H. Hill* .....

Licensed Embalmer No. *4066* .....

P. O. Address *Belmont* .....

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.