V. S. No. 300
Rev. 10.48

FILED JAN 10 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 39490

BIRTH NO. _____ REG. DIST. NO. 46 PRIMARY REG. DIST. NO. 5150 Registrar's No. 70

13 0 0

1. PLACE OF DEATH
a. COUNTY: Caldwell
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hamilton Twp. Rural
c. LENGTH OF STAY (In this place): XXXXXXX
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Automobile accident Hiway #36

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE: Missouri
b. COUNTY: Saline
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sweet Springs. Rural
d. STREET ADDRESS (If rural, give location): 0

3. NAME OF DECEASED (Type or Print)
a. (First): John
b. (Middle): Henry
c. (Last): Renken

4. DATE OF DEATH (Month) (Day) (Year): December 23 1948

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Jan. 9 1878
9. AGE (In years last birthday): 70 — If under 1 year: Months 11, Days 14 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farming
10b. KIND OF BUSINESS OR INDUSTRY: Farmer Retired
11. BIRTHPLACE (State or foreign country): Saline Co. Mo.
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: George Renken
13b. MOTHER'S MAIDEN NAME: Wilemine Burchming
14. NAME OF HUSBAND OR WIFE: Elenora Walpers

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME: Clarence H. Renken — ADDRESS: St. Joe Mo

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

170c-8

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Accident, auto — CRUSHED CHEST — INTERVAL BETWEEN ONSET AND DEATH: Instantly killed

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Ribs fracture, multiple
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* Lacerated tongue, Concussion cerebral

19a. DATE OF OPERATION: 2-2
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify): ✓
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Highway - Hamilton, Mo
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Hamilton Caldwell Mo
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Dec. 23. 1948 3.50 p.m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR?: Auto accident 13

22. *I hereby certify that I attended the deceased from* _____, 19____, *to* 12-23, 1948, *that I last saw the deceased alive on* never, 19____, *and that death occurred at* 3.50 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Frank R. Daley MD
23b. ADDRESS: Hamilton, Mo.
23c. DATE SIGNED: 12-24-48

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: Dec 24 1948
24c. NAME OF CEMETERY OR CREMATORY: Sweet Springs Cem
24d. LOCATION (City, town, or county) (State): Sweet Springs Mo

DATE REC'D BY LOCAL REG.: Dec 31/48
REGISTRAR'S SIGNATURE: Gladys Jones
25. FUNERAL DIRECTOR'S SIGNATURE: Brace Funeral Home — **ADDRESS**: Hamilton Mo.

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

JAN 10 1949

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, [redacted] .....

....., Student Embalmer No. .....,

~~embalming under my personal supervision~~.

Student .....
Student Embalmer

Signed Morris A. Brown

Licensed Embalmer No. 3918

P. O. Address Hamilton, Mo.

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 this body is not embalmed, fact should be so stated above.