

FILED FEB 1 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 43917

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 311 PRIMARY REG. DIST. NO. 4354 Registrar's No. 1

1. PLACE OF DEATH a. COUNTY <b>St. Clair</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. <b>Missouri</b> b. <b>St. Clair</b> <i>0930</i>	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN) <b>Monegaw Springs</b>		c. LENGTH OF STAY (If in institution) <b>23 years</b>	
c. CITY (If outside corporate limits, write RURAL and give township) <b>Monegaw Springs</b>		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Osage Twp;</b>		d. STREET ADDRESS	
3. NAME OF DECEASED (Type or Print) a. (First) <b>George</b> b. (Middle) <b>Washington</b> c. (Last) <b>Rennison</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>12/24/49</b>
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, DIVORCED (Specify) <b>Single</b>	8. DATE OF BIRTH <b>12/3/1870</b>
9. AGE (In years last birthday) <b>79</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farming</b>	11. BIRTHPLACE (State or foreign country) <b>St. Clair County Mo;</b>
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A</b>
13a. FATHER'S NAME <b>John Rennison</b>		13b. MOTHER'S MAIDEN NAME <b>Unknown</b>	14. NAME OF HUSBAND OR WIFE <b>None</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Bessie Richey Monegaw Spr</b> ADDRESS <b>Spring 195</b>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Myo Carditis Chronic</b>		INTERVAL BETWEEN ONSET AND DEATH	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES	
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <b>Unknown</b>	
DUE TO (c) <b>Unknown</b>		II. OTHER SIGNIFICANT CONDITIONS	
Conditions contributing to the death but not related to the disease or condition causing death.		19a. DATE OF OPERATION	
19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>None</b>	
22. I hereby certify that, I attended the deceased from <b>July</b> , 1949, to <b>Dec.</b> , 1949, that I last saw the deceased alive on <b>12-20</b> , 1949, and that death occurred at <b>5 P</b> m., from the causes and on the date stated above <b>12-20-49</b>			
23a. SIGNATURE <b>J. W. Richardson</b> (Degree or title)		23b. ADDRESS <b>Spring 195</b>	23c. DATE SIGNED <b>12-26-49</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>12/27/49</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Mt. Zion</b>	24d. LOCATION (City, town, or county) (State) <b>Rockville Mo;</b>
DATE REC'D BY LOCAL REG <b>Jan. 25, 1950</b>	REGISTRAR'S SIGNATURE <b>Mrs. Ch. Abney</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>J. B. Bradish</b> ADDRESS	

(Licensed Embalmer's Statement on Reverse Side)

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

930  
1

RECEIVED

District Health Officer No. 7,

District File Number 12-49-20

Date Filed 1-31-50

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 .....  
Student Embalmer

Signed F. B. ...

Licensed Embalmer No. 3038

P. O. Address Passaic 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.