

FILED JUL 7 1950 STANDARD CERTIFICATE OF DEATH

20701

State File No. _____
Registrar's No. _____

BIRTH NO. _____ REG. DIST. NO. 155 PRIMARY REG. DIST. NO. 4244

0490
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>JASPER</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>NEWTON</u>	
b. CITY OR TOWN <u>CARTERVILLE</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Neosho</u>	
c. LENGTH OF STAY (in this place) <u>9 MONTHS</u>		d. STREET ADDRESS (If rural, give location) <u>504 W. GRAND</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>NURSING HOME</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>ELLA</u> b. (Middle) <u>F.</u> c. (Last) <u>RENICK</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>June 24, 50</u>		
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5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>NEVER MARRIED</u>		8. DATE OF BIRTH <u>NOV 26-18-79</u>		9. AGE (In years last birthday) <u>70</u> Months <u>6</u> Days <u>28</u>		10. IF UNDER 1 YEAR Hours <u></u> Min. <u></u>	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Teacher</u>			11. BIRTHPLACE (State or foreign country) <u>JOHNSON COUNTY MO</u>			12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
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13a. FATHER'S NAME <u>John T. Renick</u>			13b. MOTHER'S MAIDEN NAME <u>UNKNOWN</u>			14. NAME OF HUSBAND OR WIFE <u>Never Married</u>		
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>NO</u>		17. INFORMANT'S SIGNATURE OR NAME <u>MRS ORR RENICK</u> ADDRESS <u>Neosho Mo</u>			
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Med. CERTIFICATION Rheumatoid Arthritis</u>						INTERVAL BETWEEN ONSET AND DEATH <u>20 yrs</u>	
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*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.

ANTECEDENT CAUSES		DUE TO (b) _____	
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c) _____	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Malnutrition Anemia</u>			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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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)	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
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22. I hereby certify that I attended the deceased from 7-9, 1948, to 6-24, 1950, that I last saw the deceased alive on 6-19, 1950, and that death occurred at 2:10 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>Orren Derousson</u> (Degree or title) <u>MD</u>		23b. ADDRESS <u>Webb City, Mo</u>		23c. DATE SIGNED <u>6/27/50</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>June 27-50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>I.O.O.F. Cem</u>		24d. LOCATION (City, town, or county) (State) <u>Neosho Mo</u>	
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DATE REC'D BY LOCAL REG. <u>June 27-50</u>		REGISTRAR'S SIGNATURE <u>P.L. RITCHIE</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>CLARK-BIG HAM MORTUARY</u> ADDRESS <u>Neosho Mo</u>	
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RECEIVED 7-5-50

Jasper County Health Office

County File Number 50-6-512

Date Filed 7-5-50

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 Jesse O. Sullivan

Licensed Embalmer No. 4646

P. O. Address Neosho, 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.