

FILED APR 18 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 11840

BIRTH NO. _____ REG. DIST. NO. 53 PRIMARY REG. DIST. NO. 3010 Registrar's No. 149

0164

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

1. PLACE OF DEATH a. COUNTY Cape Girardeau		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Cape Girardeau	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Cape Girardeau		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Cape Girardeau	
c. LENGTH OF STAY (In this place) 7 yrs.		d. STREET ADDRESS (If rural, give location) 302 South Benton Street	
d. FULL NAME OF HOSPITAL OR INSTITUTION 302 South Benton Street		d. STREET ADDRESS (If rural, give location) 302 South Benton Street	

3. NAME OF DECEASED a. (First) JESSIE b. (Middle) H. c. (Last) RENARD			4. DATE OF DEATH (Month) (Day) (Year) April 11, 1951		
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	
8. DATE OF BIRTH September 28, 1885		9. AGE (In years last birthday) 65		10. UNDER 1 YEAR Days 5 Hours 13 Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Own Home		11. BIRTHPLACE (State or foreign country) North City, Illinois	
12. CITIZEN OF WHAT COUNTRY? U. S.					

13a. FATHER'S NAME Wm Rommel		13b. MOTHER'S MAIDEN NAME Rebecca Acorn		14. NAME OF HUSBAND OR WIFE James Renard	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. No		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Roscoe Lamb Blytheville, Ark.	

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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Leukemia Lymphatic		INTERVAL BETWEEN ONSET AND DEATH 2 years	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) Diabetes mellitus		3 YEARS	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. arterio sclerosis.			

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) 2040	
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?	

22. I hereby certify that I attended the deceased from **Jan 1, 1950**, to **April 11, 1951**, that I last saw the deceased alive on **April 11, 1951** and that death occurred at **9:30 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Edward D. Campbell M.D.		23b. ADDRESS Cape Girardeau Mo		23c. DATE SIGNED 4-13-51	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE April 14, 1951		24c. NAME OF CEMETERY OR CREMATORY I.O.O.F Cemetery	
		24d. LOCATION (City, town, or county) (State) McLeansboro, Illinois			

DATE REC'D BY LOCAL REG. 4-13-1951		REGISTRAR'S SIGNATURE C.E. Summers		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Kaltber's Funeral Home Cape Gir.	
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RECEIVED

APR 16 1951

DISTRICT HEALTH OFFICE No. 6

File No.....

JAN 20 1951

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.....

working under my personal supervision.

Student Embalmer No.....

Signed

Virgil H. Kelch

Signed.....
Student Embalmer

Licensed Embalmer No. *4102*

P. O. Address *Cape Girardeau*

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.