

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

16186

State File No.

FILED MAY 21 1952

BIRTH NO. _____ REG. DIST. NO. 132 PRIMARY REG. DIST. NO. 4204 Registrar's No. 70

| | | | |
|--|--|---|-------------|
| 1. PLACE OF DEATH | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). | |
| a. COUNTY <u>Grundy</u> | a. STATE <u>Missouri</u> | b. COUNTY <u>Grundy</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Laredo</u> | c. LENGTH OF STAY (in this place) <u>5 Years</u> | c. CITY (if outside corporate limits, write RURAL and give township) OR TOWN <u>Laredo</u> | <u>0400</u> |
| d. FULL NAME OF HOSPITAL OR INSTITUTION | d. STREET ADDRESS (If rural, give location) | | <u>0</u> |

| | | | | |
|--|--------------------------|-------------------------|-------------------------|--|
| 3. NAME OF DECEASED (Type or Print) | a. (First) <u>Ernest</u> | b. (Middle) <u>Firm</u> | c. (Last) <u>Rensch</u> | 4. DATE OF DEATH (Month) (Day) (Year) |
| | | | | <u>April 15 1952</u> |

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|---------------------------|--------------------------------------|--|--|--|--|---|
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u> | 8. DATE OF BIRTH <u>May 23 1878</u> | 9. AGE (In years last birthday) <u>73</u> | IF UNDER 1 YEAR Months <u>10</u> Days <u>22</u> | IF UNDER 2 HRS. 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>Ret. Farmer</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>Own Farm.</u> | 11. BIRTHPLACE (State or foreign country) <u>Grundy County Missouri</u> | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> |
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| 13a. FATHER'S NAME <u>Levi Rensch</u> | 13b. MOTHER'S MAIDEN NAME <u>Mary Catherine Zimmerman</u> | 14. NAME OF HUSBAND OR WIFE <u>Stella Rensch</u> |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> | 16. SOCIAL SECURITY NO. <u>None</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Theresa B. Henderson</u> | ADDRESS <u>Laredo Mo</u> |
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| 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, asthma, etc. It means the disease, injury, or complication which caused death. | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute coronary occlusion</u> | | INTERVAL BETWEEN ONSET AND DEATH <u>minutes</u> |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Generalized arteriosclerosis</u> | | |
| | II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | |

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| 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) <u>4201</u> |
|---|---|---|

| | | |
|---|--|-----------------------------------|
| 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? |
|---|--|-----------------------------------|

22. I hereby certify that I attended the deceased from March 22 1952, to April 15, 1952, that I last saw the deceased alive on April 10, 1952 and that death occurred at 7:00 P.M., from the causes and on the date stated above.

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| 23a. SIGNATURE <u>C. L. Clark</u> (Degree or title) <u>M.D.</u> | 23b. ADDRESS <u>Trenton Mo</u> | 23c. DATE SIGNED <u>4/16/52</u> |
|--|---------------------------------------|--|

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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>April 18 1952</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Stucker Cemetery</u> | 24d. LOCATION (City, town, or county) (State) <u>Laredo Mo</u> |
|--|---------------------------------------|---|---|

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|--|--|--|--|
| DATE REC'D BY LOCAL REG. <u>4/18/52</u> | REGISTRAR'S SIGNATURE <u>Jean Davis</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>E. J. Robertson</u> | ADDRESS <u>Funeral Home Laredo Mo</u> |
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(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10.48

JUL 3 1957

APR 12 1957

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 _____

J. M. Hutton

Signed
Student Embalmer

Licensed Embalmer No. 4385

P. O. Address Laredo, 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.