

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **2657**

FILED FEB 10 1953

BIRTH NO. _____ REG. DIST. NO. **284** PRIMARY REG. DIST. NO. **3056** Registrar's No. **43**

883
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY Randolph		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Randolph	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Moberly		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Moberly	
c. LENGTH OF STAY (in this place) 8 days		d. STREET ADDRESS (If rural, give location) 1227 Henry Street	
d. FULL NAME OF HOSPITAL OR INSTITUTION Wabash Employes' Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) CLARENCE		b. (Middle)		c. (Last) RONIMOUS		4. DATE OF DEATH (Month) (Day) (Year) Feb. 3, 1953	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Aug. 7, 1894	
9. AGE (in years last birthday) 58		IF UNDER 1 YEAR Months		IF UNDER 1 YEAR Days		IF UNDER 1 HRS. Hours	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Car Inspector		10b. KIND OF BUSINESS OR INDUSTRY Railroad		11. BIRTHPLACE (City and State or Foreign Country) Sturgeon, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	

13a. FATHER'S NAME William R. Ronimous		13b. MOTHER'S MAIDEN NAME Dora Tomlin		14. NAME OF HUSBAND OR WIFE Grace Ronimous	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) yes W.W.# 1		16. SOCIAL SECURITY NO. 702-05-9272		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Grace Ronimous, Moberly, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Congestive Heart Failure		DUE TO (b) Hypertensive Cardio-vascular Disease					
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c) Coronary sclerosis					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		Early Decompensation					

19a. DATE OF OPERATION None		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? 4201 YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) No		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) (Min.)		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. 26, 1953** to **Feb. 3, 1953**, that I last saw the deceased alive on **Feb. 3, 1953** and that death occurred at **12:15 P.M.** from the causes and on the date stated above.

23a. SIGNATURE Clarence Ronimous (Degree or title) M.D.		23b. ADDRESS 115 Woodland Avenue		23c. DATE SIGNED 2/4/53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Feb. -5-1953		24c. NAME OF CEMETERY OR CREMATORY Oakland Cemetery	
24d. LOCATION (City, town, or county) (State) Moberly, Missouri					

DATE REC'D BY LOCAL REG. 2-5-53		REGISTRAR'S SIGNATURE Lead...		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Funeral Home Moberly Mo.	
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MAR 7 1953

MAR 7 1953
JOHN R. B. & P.

FEB 19 1953

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 R. M. Carter

Licensed Embalmer No. 4117

P. O. Address Moberly 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.