

FILED MAY 11 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 13300

BIRTH NO. _____		REG. DIST. NO. <u>116</u>		PRIMARY REG. DIST. NO. <u>3020</u>		Registrar's No. <u>89</u>	
1. PLACE OF DEATH a. COUNTY <u>Franklin</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <u>Missouri</u> b. COUNTY <u>Franklin</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Washington</u>		c. LENGTH OF STAY (In this place) <u>56 yrs.</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Washington</u> <u>0362</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>400 Du Bois St.</u>				d. STREET ADDRESS (If rural, give location) <u>400 Du Bois St.</u> <u>0</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>James</u>		b. (Middle) <u>Mathew</u>		c. (Last) <u>Rennick</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>May 1 1953</u>		5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	
8. DATE OF BIRTH <u>Jan. 26, 1876</u>		9. AGE (In years last birthday) <u>77</u>		IF UNDER 1 YEAR Months <u>3</u> Days <u>5</u>		IF UNDER 24 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired R. R. Worker</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Mo. Pac. R. R.</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Spring Bluff, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	
13a. FATHER'S NAME <u>Joseph Rennick</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>		14. NAME OF HUSBAND OR WIFE <u>Mrs. Laura A. Rennick</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u> <u>XX</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Laura A. Rennick, Washington, Mo.</u>			
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial Inf.</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>5 years</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4222</u>				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)		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 <u>Dec 1937</u> , to <u>May 1, 1953</u> , that I last saw the deceased alive on <u>May 1, 1953</u> , and that death occurred at <u>5:25 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Frank G. Mays</u>		(Degree or title)		23b. ADDRESS <u>M.D. Washington MO</u>		23c. DATE SIGNED <u>5-4-53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>May 4, 1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Odd Fellows Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Washington, Missouri</u>	
DATE REC'D BY LOCAL REG <u>May 6, 1953</u>		REGISTRAR'S SIGNATURE <u>R. P. Hudson</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Hieburg & Co. Inc.</u>		ADDRESS <u>Washington, MO.</u>	

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

362
1

(Licensed Embalmer's Statement on Reverse Side)

MAY 20 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 _____

Lester A. Pitt

Licensed Embalmer No. 3254

P. O. Address Washington, 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.