o. 300
0.48

FILED APR 18 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

14829

State File No.

BIRTH NO. REG. DIST. NO. 170 PRIMARY REG. DIST. NO. 5628 Registrar's No. 62

30

1. PLACE OF DEATH
a. COUNTY Laclede
b. CITY OR TOWN Rural Plato Star Rt (If outside corporate limits, write RURAL and give township) c. LENGTH OF STAY (In this place) unknown
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Plato Star Route

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri b. COUNTY Laclede
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Plato Star Route 0530
d. STREET ADDRESS (If rural, give location) Near Gulf Pump Station

3. NAME OF DECEASED (Type or Print)
a. (First) Francis b. (Middle) Joseph c. (Last) Renkemeyer

4. DATE OF DEATH (Month) (Day) (Year) March 30 1953

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Feb. 19, 1873
9. AGE (In years last birthday) 70 IF UNDER 1 YEAR: Months 1 Days 11 IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired farmer
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Rich Fountain Missouri
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13a. FATHER'S NAME Henry Renkemeyer
13b. MOTHER'S MAIDEN NAME Maria Kolks
14. NAME OF HUSBAND OR WIFE Sadie Renkemeyer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. none
17. INFORMANT'S SIGNATURE OR NAME Mrs. Sadie Renkemeyer **ADDRESS** Plato Star R

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH —

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Coronary heart disease

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION 4201
20. AUTOPSY? YES ☐ NO ☑

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at* 4:P. *m., from the causes and on the date stated above.*

23a. SIGNATURE Richard L. Palmer (Degree or title) Coroner
23b. ADDRESS Lebanon Mo.
23c. DATE SIGNED 4-1-53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 4/1/53
24c. NAME OF CEMETERY OR CREMATORY Austin Cemetery
24d. LOCATION (City, town, or county) (State) Near Winneparg Mo.

DATE REC'D BY LOCAL REG. 4-7-1953
REGISTRAR'S SIGNATURE Ella L. May 424
25. FUNERAL DIRECTOR'S SIGNATURE W. E. Holman **ADDRESS** Lebanon, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

Received APR 14 1953
Laclede County Health Unit
File No. K-53-69
Date Filed APR 16 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 Dorsey M. Howe
Licensed Embalmer No. 4222
P. O. Address Lebanon, 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.