

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4187

State File No.

FILED MAR 1 1954 BIRTH NO. REG. DIST. NO. 47 PRIMARY REG. DIST. NO. 3008 Registrar's No. 56

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

1. PLACE OF DEATH a. COUNTY Callaway		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Callaway	
b. CITY OR TOWN Fulton		c. CITY OR TOWN Fulton	
c. LENGTH OF STAY (in this case) 2 days		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION: Callaway County Hospital		e. STREET ADDRESS (If rural, give location) 110 W 7th St. 2143	
3. NAME OF DECEASED (Type or Print) a. (First) Emma		b. (Middle) Elizabeth	
c. (Last) Renner		4. DATE OF DEATH (Month) (Day) (Year) Feb. 24. 1954	
5. SEX Female		6. COLOR OR RACE White	
7. MARRIED, NEVER MARRIED? WIDOWER, DIVORCED (Specify) Widowed		8. DATE OF BIRTH Aug-11-1871	
9. AGE (In years last birthday) 82		10. IF UNDER 1 YEAR 8 Months 13 Days	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY Home	
11. BIRTHPLACE (City and State or Foreign Country) St Louis, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Charles Juergens		13b. MOTHER'S MAIDEN NAME Anna Krantzmann	
14. NAME OF HUSBAND OR WIFE August Renner			
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 Earl Renner		ADDRESS Fulton, Missouri	
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic myocarditis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Senility DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Herniaorrhaphy Pneumonia	
INTERVAL BETWEEN ONSET AND DEATH 10 years 10 years 24 days 16 days			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		4222	
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) (Minute)		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 30, 1954, to Feb. 24, 1954, that I last saw the deceased alive on Feb. 24, 1954, and that death occurred at 5:35 A.M., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Lloyd E. Hitchins, M.D.		23b. ADDRESS Fulton, Missouri	
23c. DATE SIGNED 2/25/1954			
24a. BURIAL, CREMATION, OR OTHER DISPOSAL (Specify) Burial		24b. DATE Feb-26-1954	
24c. NAME OF CEMETERY OR CREMATORY Hillcrest Cemetery		24d. LOCATION (City, town, or county) (State) Fulton Mo.	
DATE REC'D BY LOCAL REG Feb-25-1954		REGISTRAR'S SIGNATURE Margaret Lawrence 426-0	
25. FUNERAL DIRECTOR'S SIGNATURE Wallace Funeral Home		ADDRESS Fulton, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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.....
Signature of Student Embalmer

Signed *William E. Trehse*.....

Licensed Embalmer No. *487*.....

P. O. Address *Fulton*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.