

FILED NOV 5 - 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **33195**

120

|   |  |  |                      |  |  |  |  |
|---|--|--|----------------------|--|--|--|--|
| BIRTH NO. _____   |  | REG. DIST. NO. <b>43</b>   |                      | PRIMARY REG. DIST. NO. <b>5143</b>   |  | Registrar's No. <b>539</b>   |  |
| 1. PLACE OF DEATH<br>a. COUNTY <b>Butler</b>  |  |  |                      | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <b>Missouri</b> b. COUNTY <b>Butler</b> |  |  |  |
| b. CITY (If outside corporate limits, write RURAL and give township)<br>OR TOWN <b>Poplar Bluff Twp.</b>  |  | c. LENGTH OF STAY (In this place)<br><b>25 yr</b>  |                      | c. CITY (If outside corporate limits, write RURAL and give township)<br>OR TOWN <b>Poplar Bluff</b>  |  |  |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION<br><b>Route # 1</b>   |  |  |                      | d. STREET ADDRESS (If rural, give location)<br><b>Route # 1</b>  |  |  |  |
| 3. NAME OF DECEASED (Type or Print)<br>a. (First) <b>Roy V</b>  |  |  | b. (Middle) <b>V</b> |  |  | c. (Last) <b>Renick</b>  |  |
| 4. DATE OF DEATH<br><b>10-18-54</b>   |  | 5. SEX <b>Male</b>   |                      | 6. COLOR OR RACE <b>White</b>  |  | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>    |  |
| 8. DATE OF BIRTH<br><b>Aug. 10, 1888</b>  |  | 9. AGE (In years last birthday) <b>66</b>  |                      | # UNDER 1 YEAR<br>Months <b>00</b> Days <b>00</b>  |  | # UNDER 1 Wk.<br>Hours <b>00</b> Min. <b>00</b>                          |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Laborer</b>   |  | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>Garage</b>   |                      | 11. BIRTHPLACE (State or foreign country)<br><b>Jackson Co., Mo.</b>   |  | 12. CITIZEN OF WHAT COUNTRY?<br><b>USA</b>                               |  |
| 13a. FATHER'S NAME<br><b>Unknown</b>  |  | 13b. MOTHER'S MAIDEN NAME<br><b>Unknown</b>  |                      | 14. NAME OF HUSBAND OR WIFE<br><b>Laura Renick</b>   |  |  |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><b>No</b>   |  | 16. SOCIAL SECURITY NO.<br><b>499-03-8624</b>  |                      | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS<br><b>Laura Renick, Poplar Bluff, Mo.</b>  |  |  |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*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<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Chronic Nephritis</b><br><br>ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) _____<br>DUE TO (c) _____<br><br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. |                      |  |  | INTERVAL BETWEEN ONSET AND DEATH<br><b>2 mo</b>                          |  |
| 19a. DATE OF OPERATION  |  | 19b. MAJOR FINDINGS OF OPERATION   |                      |  |  | 20. AUTOPSY?<br>YES <input type="checkbox"/> NO <input 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 <b>24 Aug 1954 to 18 Oct 1954</b> , that I last saw the deceased alive on <b>9 Oct 1954</b> , and that death occurred on <b>12:50 A.M.</b> , from the causes and on the date stated above. |  |  |                      |  |  |  |  |
| 23a. SIGNATURE (Degree or title)<br><b>[Signature] MD.</b>  |  |  |                      | 23b. ADDRESS<br><b>Poplar Bluff, Mo.</b>   |  | 23c. DATE SIGNED<br><b>27 Oct 54</b>                                     |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b>  |  | 24b. DATE<br><b>10-19-54</b>   |                      | 24c. NAME OF CEMETERY OR CREMATORY<br><b>Good Hope</b>   |  | 24d. LOCATION (City, town, or county) (State)<br><b>Butler Co., Mo.</b>  |  |
| DATE REC'D BY LOCAL REG.<br><b>10/29/54</b>   |  | REGISTRAR'S SIGNATURE<br><b>[Signature]</b>  |                      | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS<br><b>Greer Croy &amp; Fitch Poplar Bluff Mo</b>  |  |  |  |

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

RECEIVED  
NOV ~~OCT~~ 2. 1954  
BUTLER CO. HEALTH CENTER  
FILE No. \_\_\_\_\_

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 10-18

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed

*Phil A. Lenczel*

Licensed Embalmer No.

2936

P. O. Address

*Poplar Bluff, 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.