No. 300
10-46

FILED JUL 19 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 22743

BIRTH NO. _____ REG. DIST. NO. 171 PRIMARY REG. DIST. NO. 4267 Registrar's No. _____

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

1. PLACE OF DEATH
a. COUNTY: Lafayette
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Odessa
c. LENGTH OF STAY (In this place): life
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 414 South First

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Lafayette
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Odessa
d. STREET ADDRESS (If rural, give location): 414 South First

0540
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3. NAME OF DECEASED (Type or Print): a. (First) Robert b. (Middle) Lee c. (Last) Renick

4. DATE OF DEATH (Month) (Day) (Year): July 8 1955

5. SEX: male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: Aug 26, 1886
9. AGE (In years last birthday): 68 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): merchant
10b. KIND OF BUSINESS OR INDUSTRY: clothing
11. BIRTHPLACE (State or foreign country): Missouri
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME: James W. Renick
13b. MOTHER'S MAIDEN NAME: Sarah A. Greenwell
14. NAME OF ~~HUSBAND OR~~ WIFE: Mary Frances Wagoner

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. 497-36-7087
17. INFORMANT'S SIGNATURE OR NAME / ADDRESS: Mary Frances Renick, wife Odessa

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

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Severe Coronary Occlusion 3-4 years ago
DUE TO (c) Died suddenly in home 7-8-55

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
very limited Cardiac reserve. Disabled.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: no surgery 4201
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): M
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 Mary Years, 19__, to _____, 19__, that I last saw the deceased alive on 3-6, 1955, and that death occurred at 9A m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title): M Martin M D Coroner 3
23b. ADDRESS: Odessa, Missouri
23c. DATE SIGNED: July 8-55

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: July 10-55
24c. NAME OF CEMETERY OR CREMATORY: Odessa Cemetery
24d. LOCATION (City, town, or county) (State): Odessa Missouri

DATE REC'D BY LOCAL REG.: 7/8/55
REGISTRAR'S SIGNATURE: Emma Davidson 4531-0
25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS: Ralph O. Jones Odessa Mo

(Licensed Embalmer's Statement on Reverse Side)

JUL 8 0 1954

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 Ralph O. Jones

Licensed Embalmer No. 4604

P. O. Address Odessa, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.