

FILED FEB 20 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 4465

BIRTH NO. _____		REG. DIST. NO. 132		PRIMARY REG. DIST. NO. 3021		Registrar's No. 23	
1. PLACE OF DEATH a. COUNTY Grundy				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY Grundy			
b. CITY (If outside corporate limits, write RURAL, and give township) Trenton		c. LENGTH OF STAY (in this place) 60 DAYS		c. CITY OR TOWN Trenton		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 Wright Memorial Hosp.				e. STREET ADDRESS (If rural, give location) 1513 MAIN ST			
3. NAME OF DECEASED (Type or Print) a. (First) VEVIE		b. (Middle) L.		c. (Last) Rensch		4. DATE OF DEATH (Month) (Day) (Year) Feb 9 1956	
5. SEX female		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH Oct 14 1881	
9. AGE (In years last birthday) 74		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Home maker		10b. KIND OF BUSINESS OR INDUSTRY -		11. BIRTHPLACE (City and State or Foreign Country) Trenton, Missouri	
11a. FATHER'S NAME Myron Shearwood		11b. MOTHER'S MAIDEN NAME EMMA CARSCADIN		11c. NAME OF HUSBAND OR WIFE C.P. Rensch			
12. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give way or dates of service) NO		12. SOCIAL SECURITY NO. NONE		12. INFORMANT'S SIGNATURE OR NAME ADDRESS C.P. Rensch Trenton, Mo.			
13. 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.		13. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arterio Sclerosis ANTECEDENT CAUSES DUE TO (b) Fract R Femur Feb 9-56 Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death Paralysis Agitans + Sweating Dementia				13. INTERVAL BETWEEN ONSET AND DEATH several yrs	
14. DATE OF OPERATION		14. MAJOR FINDINGS OF OPERATION 9030 20 04				14. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
15. ACCIDENT SUICIDE HOMICIDE accident		15. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home		15. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Trenton Grundy Mo.			
16. TIME OF INJURY Feb 5 5:56-12:00		16. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		16. HOW DID INJURY OCCUR? Fall walking into kitchen			
17. I hereby certify that I attended the deceased from Feb 5, 1956, to Feb 9, 1956, that I last saw the deceased alive on Feb 9, 1956 and that death occurred at 6:00 p.m., from the causes and on the date stated above.							
17. SIGNATURE E. A. Duffy M.D.				17. ADDRESS Trenton Mo.		17. DATE SIGNED Feb 10 56	
18. BURIAL, CREMATION, REMOVAL (Specify) Burial		18. DATE Feb 11 1956		18. NAME OF CEMETERY OR CREMATORY Rose Lawn Cemetery		18. LOCATION (City, town, or county) (State) Trenton, Mo.	
19. DATE REC'D BY LOCAL REG. 2-20-56		19. REGISTRAR'S SIGNATURE Elyse A. Bridges		19. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Gordon Blackmon Trenton, Mo.			

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

(Licensed Embalmer's Statement on Reverse Side)

Dr. E. A. Duffy

9564/9 700'

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.....
Gordon Blackman

Licensed Embalmer No...460

P. O. Address...Trenton, N.J.

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.