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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25218

Reg. #16374
SL #9941

FILED JUL 20 1956

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State File No.

Registrar's No. 5961

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. 5961	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). -a. STATE <u>Indiana</u> b. COUNTY <u>Floyd</u>			
b. CITY (If outside corporate limits, write RURAL and give town) <u>115 N. Grand, St. Louis, Mo.</u>		c. LENGTH OF STAY (in this place) <u>40 days</u>		c. CITY OR TOWN <u>New Albany</u>		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 <u>VETERANS ADMINISTRATION HOSP.</u>				e. STREET ADDRESS (If rural, give location) <u>1625 Indiana Avenue</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>JESSE</u>		b. (Middle) <u>M.</u>		c. (Last) <u>RENSHAW</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>June 24, 1956</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>4/15/12</u>	
9. AGE (In years last birthday) <u>44</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Soldier</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>New Albany, Indiana</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>JESSE B. RENSCHAW</u>		13b. MOTHER'S MAIDEN NAME <u>CARRIE HERMAN</u>		14. NAME OF HUSBAND OR WIFE <u>ALICE RENSCHAW</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>YES</u>		16. SOCIAL SECURITY NO. <u>WA-2 & Korean</u>		17. INFORMANT'S SIGNATURE OR NAME <u>VA Hosp. Records, St. Louis, Mo.</u> ADDRESS _____			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>BRONCHOPNEUMONIA</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>HEPATIC FAILURE</u> DUE TO (c) <u>PORTAL CIRRHOSIS</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>581.0</u>				INTERVAL BETWEEN ONSET AND DEATH <u>UNKNOWN</u> <u>3 DAYS</u> <u>7 YEARS</u>	
19a. DATE OF OPERATION <u>6-18-56</u>		19b. MAJOR FINDINGS OF OPERATION <u>ADVANCED PORTAL CIRRHOSIS WITH PORTAL HYPERTENSION</u>				20. AUTOPSY? YES <input checked="" 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) _____		21f. HOW DID INJURY OCCUR? _____	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>VA</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		22. I hereby certify that I attended the deceased from <u>5/15</u> , 19 <u>56</u> , to <u>6/24</u> , 19 <u>56</u> , and that death occurred at <u>1:25 Am.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>[Signature]</u>		(Degree or title) _____		23b. ADDRESS <u>VAH, St. Louis, Mo.</u>		23c. DATE SIGNED <u>6/24/56</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>6/25/56</u>		24c. NAME OF CEMETERY OR CREMATORY <u>New Albany Ind.</u>		24d. LOCATION (City, town, or county) (State) <u>New Albany, Ind.</u>	
DATE REC'D BY LOCAL REG. <u>JUN 25 1956</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Edward Fendler</u> ADDRESS <u>5611 South Grand Blvd.</u>			

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

1806 27 1957

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 *Harry J. Ham, embalmer*
Licensed Embalmer No. *2679*

P. O. Address *St. 11, T. Green*

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.