Health, Welfare Public Service

300 1-56

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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED NOV 7 - 1956

STATE FILE NUMBER 36800

Registration District No. 360 Primary Registration District No. 3076 Registrar's No. 206

1. PLACE OF DEATH
a. COUNTY Vernon
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Nevada, — Inside Limits Yes X No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) #812 N.Washington St. Length of stay in Hospital Gates Nursing Home

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Vernon
c. CITY OR TOWN Nevada — Inside Limits Yes X No ☐
d. STREET ADDRESS 625 So. Adams (If outside, give location) — Reside on Farm Yes ☐ No X

1082

3. NAME OF DECEASED (Type or print): First Elizabeth Middle Ann Last Renwick

4. DATE OF DEATH Month November Day 1 Year 1956

5. SEX Female 1

6. COLOR OR RACE White

7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED X DIVORCED ☐ 2

8. DATE OF BIRTH 12-31-1876

9. AGE (In years last birthday) 79

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) Housewife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country) Sarcoxie, Mo.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME John Coyne

14. MOTHER'S MAIDEN NAME Maria Fritzpatrick

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 F. W. Renwick Address Nevada, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Acute left ventricular failure — INTERVAL BETWEEN ONSET AND DEATH 8 hours.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Hypertension
DUE TO (c) Arterioclerosis, extensive, Cerebral & Systemic — 3 plus yrs.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)
Fracture neck of right Femur October 14, 1954. 443xF

19. WAS AUTOPSY PERFORMED? YES ☐ NO X

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
Fell at home
Open reduction - fibrous union.

20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year Oct.14-54

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK X

20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) At home

20f. CITY, TOWN, OR LOCATION Nevada COUNTY Vernon STATE Missouri

21. I attended the deceased from August 21,1953 to Nov. 1, 1956 and last saw her alive on Nov. 1,1956. Death occurred at 7:55 a m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE R.B. Wray, M.D. (Degree or title)

22b. ADDRESS Moore Bldg., Nevada, Mo.

22c. DATE SIGNED 11-2-56

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial

23b. DATE 11-3-56

23c. NAME OF CEMETERY OR CREMATORY Newton Burial Park

23d. LOCATION (City, town, or county) Nevada, Missouri (State)

24. FUNERAL DIRECTOR ADDRESS Eichinger Funeral Home-Nevada, Mo.

25. DATE RECD. BY LOCAL REG. 11-3-56

26. REGISTRAR'S SIGNATURE Anna E. Ferry

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

451.-0

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Jerry F. Milster

Licensed Embalmer No. 484

P. O. Address Nevada

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F
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.