

FILED AUG 12 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER

25552

Registration District No. 257

Primary Registration District No. 5880

Registrar's No. 37

1. PLACE OF DEATH a. COUNTY OSAGE		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY OSAGE	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN LINN MO		c. CITY OR TOWN LINN	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION AT HOME		d. STREET ADDRESS R.F.D. (If outside, give location)	
3. NAME OF DECEASED (Type or print) First Middle Last EDMUND DENNIS REGNIER		4. DATE OF DEATH Month Day Year July 28 1957	
5. SEX male	6. COLOR OR RACE white	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Sept. 23 1875
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming		10b. KIND OF BUSINESS OR INDUSTRY self-employed	11. BIRTHPLACE (City and state or country) Linn Mo
13. FATHER'S NAME Joseph Regnier		14. MOTHER'S MAIDEN NAME Amelia -- (Unknown) --	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. ----	17. INFORMANT Mrs Tilly Regnier
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Thrombosis Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Arteriosclerosis DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)		INTERVAL BETWEEN ONSET AND DEATH 21 days	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from July 7, 1957 to July 28, 1957 and last saw him alive on July 28, 57 Death occurred at 1 P M m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Dr R F Savell DC		22b. ADDRESS Box 528 Linn Mo	
		22c. DATE SIGNED 7/29/57	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 7/30/57	
23c. NAME OF CEMETERY OR CREMATORY Fairview Cemetery		23d. LOCATION (City, town, or county) (State) Linn Mo R.F.D.	
24. FUNERAL DIRECTOR Clyde Morton		25. DATE RECD. BY LOCAL REG. Aug. 7, 1957	
		26. REGISTRAR'S SIGNATURE T. Dubois	

(Licensed Embalmer's Statement on Reverse Side)

with
welfare
public
service300
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All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes. No symptoms will be raised. All nomenclature in Part I must be casually related. Coroner cannot certify to a death due to natural causes. All nomenclature 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

MEDICAL CERTIFICATION

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 *Vernon M. ...*

Licensed Embalmer No. *41*

P. O. Address *Len*

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