t. Health,
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FILED NOV 4 1957

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 35087

Registration District No. 55 Primary Registration District No. 3011 Registrar's No. 95

1. PLACE OF DEATH
a. COUNTY: Carroll.
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only): Carrollton. Inside Limits: Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Staton Hospital. Length of stay in 1b: 7. Days.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri. b. COUNTY: Carroll.
c. CITY OR TOWN: Norborne. Inside Limits: Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location): East Second Street. Reside on Farm: Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First: Robert Middle: G. Last: Renzleman.

4. DATE OF DEATH: Month: Oct. Day: 30. Year: 1957

5. SEX: Male.

6. COLOR OR RACE: White.

7. MARRIED [X] **NEVER MARRIED** [ ] **WIDOWED** [ ] **DIVORCED** [ ]

8. DATE OF BIRTH: March. 11. 1877.

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): Farmer most Life.

10b. KIND OF BUSINESS OR INDUSTRY: Farm Hand.

11. BIRTHPLACE (City and state or country): Norborne Carroll County. Missouri.

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

13a. FATHER'S NAME: Deterich Renzleman.

13b. MOTHER'S MAIDEN NAME: Lena Zimmerman Renzleman.

14. NAME OF HUSBAND OR WIFE: None.

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: 493-12-4752

17. INFORMANT: Mrs Bob Brock Address: Norborne Mo

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): Cause not definite
DUE TO (c):
INTERVAL BETWEEN ONSET AND DEATH: Patient
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): 4201

19. WAS AUTOPSY PERFORMED? YES [ ] NO [ ]

20a. ACCIDENT [ ] **SUICIDE** [ ] **HOMICIDE** [ ]

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

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 Jan. 1/57 to Oct. 30/57 and last saw him alive on Oct. 29/57
Death occurred at Oct. 30/57 10:20 A m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: R. Hamilton Stetson (Degree or title): M.D.

22b. ADDRESS: Carrollton, Mo

22c. DATE SIGNED: Nov 1/57

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

23b. DATE: Nov. 1. 1957

23c. NAME OF CEMETERY OR CREMATORY: Fairhaven Cemetery.

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

24. FUNERAL DIRECTOR: John G Dutch Norborne Mo

25. DATE RECD. BY LOCAL REG.: 11-1-57

26. REGISTRAR'S SIGNATURE: Mrs Herbert Calvert

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed.
All diseases in Part I must be causally related.

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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 *Me*, Student Embalmer No. .....

working under my personal supervision.

Student .....
Signature of Student Embalmer

Signed *John G Deitch*

Licensed Embalmer No. *3454*

P. O. Address *Norborne Mo*

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.