

FILED DEC 30 1957

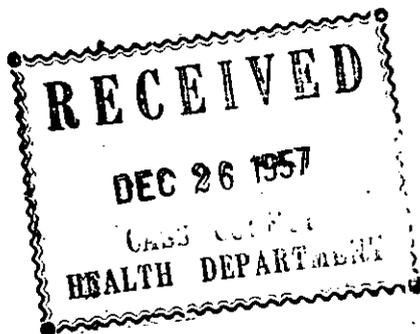
Registrar's No. **184**

BIRTH NO. _____		REG. DIST. NO. 59		PRIMARY REG. DIST. NO. 4097		Registrar's No. 184		
1. PLACE OF DEATH a. COUNTY CASS				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY JOHNSON				
b. CITY OR TOWN HARRISONVILLE, MO		c. LENGTH OF STAY (in this place) 2 DA.		c. CITY OR TOWN HOLDEN		0510		
d. FULL NAME OF HOSPITAL OR INSTITUTION MEMORIAL HOSP.				d. STREET ADDRESS (If rural, give location) Box 172, HOLDEN, MO.				
3. NAME OF DECEASED (Type or Print) a. (First) INFANT b. (Middle) RENICK c. (Last) RENICK			4. DATE OF DEATH (Month) (Day) (Year) DEC. 13, 1957					
5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH DEC. 13, 1957		
9. AGE (In years last birthday) _____		10. MONTHS _____		11. DAYS _____		12. HOUR _____ MIN. 2 0		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INFANT			10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) HARRISONVILLE MO.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME RAYMOND RENICK			13b. MOTHER'S MAIDEN NAME JEAN MARIE CARSON			14. NAME OF HUSBAND OR WIFE _____		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME RAYMOND RENICK, HOLDEN, MO. ADDRESS _____				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))				MEDICAL CERTIFICATION				
<p>1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) PREMATURITY 5 Mo. gestation.</p> <p>ANTECEDENT CAUSES</p> <p>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</p> <p>Due to (b) _____</p> <p>Due to (c) _____</p> <p>2. OTHER SIGNIFICANT CONDITIONS</p> <p>Conditions contributing to the death but not related to the disease or condition causing death.</p>				INTERVAL BETWEEN ONSET AND DEATH 2 hours				
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? 2 YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <input checked="" type="checkbox"/>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 776x				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____				
22. I hereby certify that I attended the deceased from Dec. 13, 1957 , to Dec. 13, 1957 , that I last saw the deceased alive on Dec. 13, 1957 , and that death occurred at 2:47 m. , from the causes and on the date stated above.								
23a. SIGNATURE [Signature]				23b. ADDRESS Harrisonville Mo		23c. DATE SIGNED 14 Dec 1957		
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE DEC. 14, 1957		24c. NAME OF CEMETERY OR CREMATORY HOLDEN CEMETERY		24d. LOCATION (City, town, or county) (State) HOLDEN, MO.		
DATE REC'D BY LOCAL REG. Dec 17, 1957		REGISTRAR'S SIGNATURE [Signature]		25. FUNERAL DIRECTOR'S SIGNATURE [Signature] ADDRESS Past Funeral Home, HOLDEN, MO				

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

Dr. J. J. [unclear]

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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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed _____

Licensed Embalmer No. 4059

P. O. Address Holliston, Mass

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 this body is not embalmed, fact should be so stated above.