

FILED JAN 28 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER

108

Registration District No. 6 Primary Registration District No. 5051 Registrar's No. 5

1. PLACE OF DEATH a. COUNTY Audrain		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Audrain	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Cuivre		c. CITY OR TOWN Cuivre	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 3 mi SE Vandalia		d. STREET ADDRESS 3 mi SE Vandalia	
3. NAME OF DECEASED (Type or print) First Mary Middle Ann Last Renner		4. DATE OF DEATH Jan 18, 1958	
5. SEX Female	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 May 17, 1891
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Farm	9. AGE (In years last birthday) 66
11. BIRTHPLACE (City and state or country) Audrain County, Missouri, USA		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Henry Carl Kohl		14. MOTHER'S MAIDEN NAME Magdalena Schmidt	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yrs. give war or dates of service) No		16. SOCIAL SECURITY NO. 493-03-8482	
17. INFORMANT Carl Renner, Vandalia, Mo.		Address	
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 Myocardial Failure.			INTERVAL BETWEEN ONSET AND DEATH 1 day
DUE TO (b) Cardiovascular Degeneration			2 yrs.
DUE TO (c) Arteriosclerosis			10 yrs.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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.) 4221		
20c. TIME OF INJURY Hour 4:00 Month, Day, Year			
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 Feb. 1955 , to Jan. 18, 1958 and last saw her ^{him} alive on Jan. 17, 1958 . Death occurred at 4:00 P. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE C. W. Lindsey (Degree or title) D.O.		22b. ADDRESS 28 Laddonia, Missouri.	
22c. DATE SIGNED Jan. 20, 1958			
23a. BURIAL, CREMATION, OR OTHER DISPOSITION Burial	23b. DATE Jan 21, 1958	23c. NAME OF CEMETERY OR CREMATORY Memorial Gardens	23d. LOCATION (City, town, or county) (State) Audrain Co. Missouri
24. FUNERAL DIRECTOR William B Waters ADDRESS Vandalia, Mo.		25. DATE RECD. BY LOCAL REG. Jan 25 1958	26. REGISTRAR'S SIGNATURE Walter Fugua

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE. Coroner cannot certify to a death due to natural causes. diseases in Part I must be causally related.

RECEIVED
5 1958

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 *William D. Water*.....

Licensed Embalmer No. *41*.....

P. O. Address *Vandalia*.....

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.