

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-017443
STATE FILE NUMBER

FILED JUN 5 1958 Registration District No. 43 Primary Registration District No. 3007 Registrar's No. 3882

5. 300
1-57

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All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY Butler		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Shannon	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Poplar Bluff		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Winona 10 ⁰
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Pop. Bluff Hpt.		Length of stay in 1b 8 days	d. STREET ADDRESS (If outside, give location) Reside on Form Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last Henry Louis Rendleman			4. DATE OF DEATH Month Day Year May 17, 1958
5. SEX Male 0	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 July 6, 1877
9. AGE (In years last birthday) 80		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) Farming		10b. KIND OF BUSINESS OR INDUSTRY retired	11. BIRTHPLACE (City and state or country) Union Co., Ill.
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13. FATHER'S NAME Frank Rendleman	
13b. MOTHER'S MAIDEN NAME Fannie Bevel		14. NAME OF HUSBAND OR WIFE Dora Blanche Rendleman	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Year or unknown) (If yes, give year or dates of service) no		16. SOCIAL SECURITY NO. yes	17. INFORMANT Blanche Rendleman, Winona, 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) <u>Eclampsia, Pulmonary</u>			INTERVAL BETWEEN ONSET AND DEATH 4 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>myo carditis, chronic</u>			4 or 5 years
DUE TO (c) <u>Diabetes mellitus</u>			7 year
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 260 X			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.)	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20e. CITY, TOWN, OR LOCATION COUNTY STATE		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <u>5-9-58</u> to <u>5-17-58</u> and last saw ^{her} him alive on <u>5-17-58</u> Death occurred at <u>7:15 p.m.</u> on the date stated above; and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) <u>B. H. ...</u>	
22b. ADDRESS <u>Poplar Bluff, Mo.</u>		22c. DATE SIGNED <u>5-26-58</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 5/25/58	23c. NAME OF CEMETERY OR CREMATORY Muncel Charles Cem.	23d. LOCATION (City, town, or county) (State) Emmence, Mo.
24. FUNERAL DIRECTOR Wincan Funeral Home Mtn View, Mo.		25. DATE RECD. BY LOCAL REG. 5/31/58	26. REGISTRAR'S SIGNATURE <u>B. H. ...</u>

RECEIVED

JUN 3 1958

BUTLER CO. HEALTH CENTER

FILE No. _____

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body of the person named in record on the reverse side of this certificate was embalmed

by _____ Student Embalmer No. _____

on _____

at _____

in _____

Signed Charles E. Mungle

Licensed Embalmer No. 4877

P. O. Address Dyala B...

This certificate MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If the body is not embalmed, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.