

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-046205

STATE FILE NUMBER

FILED JAN 5 1958 Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 12321

300
-57

1. PLACE OF DEATH a. COUNTY _____		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>FRANKLIN</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>ST. LOUIS</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>SULLIVAN</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>FIRMIN DESLOGE</u>		Length of stay in lb <u>3 DAYS</u>	d. STREET (If outside, give location) ADDRESS <u>423 ELM ST.</u> Reside on Form Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last <u>GEORGE ALLEN RENICK</u>			4. DATE OF DEATH Month Day Year <u>DEC 19 1958</u>
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>JULY 13 1872</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>FARM</u>	9. AGE (In years last birthday) <u>86</u> IF UNDER 1 YEAR Months Days Hours Min. <u>5 6</u> IF UNDER 24 HRS.
11. BIRTHPLACE (City and state or country) <u>FRANKLIN CO., MO.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>THOMAS RENICK</u>		13b. MOTHER'S MAIDEN NAME <u>RACHAEL STRAIN</u>	14. NAME OF HUSBAND OR WIFE <u>PERCIE WALSH</u>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT Address <u>GLENN RENICK HANNIBAL, MO.</u>
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>ACUTE PULMONARY EDEMA</u> DUE TO (b) <u>BILATERAL PLEURAL EFFUSION</u> DUE TO (c) <u>ARTERIO SCLEROTIC HEART DISEASE</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>420.0</u>			INTERVAL BETWEEN ONSET AND DEATH
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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 <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 <u>12/16/58</u> to <u>12/19/58</u> and last saw her/him alive on <u>12/18/58</u> Death occurred at <u>10:10 A</u> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>Dr. Kenneth E. Melton M.D.</u>		22b. ADDRESS <u>1325 So. Grand St. Hannibal</u>	22c. DATE SIGNED <u>12/19/58</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>DEC. 22, 1958</u>	23c. NAME OF CEMETERY OR CREMATORY <u>F.O.O.F. CEMETERY</u>	23d. LOCATION (City, town, or county) (State) <u>SULLIVAN MO.</u>
24. FUNERAL DIRECTOR ADDRESS <u>Hannibal Sullivan Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>DEC 22 '58</u>	26. REGISTRAR'S SIGNATURE <u>J. Carl Smith M.D.</u>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 HARRISON W. EATON, Student Embalmer No. 555, working under my personal supervision.

Student Harrison W. Eaton
Signature of Student Embalmer

Signed J. A. Humphrey

Licensed Embalmer No. 4773

P. O. Address Succession, Pa.

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.