

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-012582

STATE FILE NUMBER

FILED MAY 12 1959 Registration District No. 53 Primary Registration District No. 3010 Registrar's No. 163

1. PLACE OF DEATH a. COUNTY Cape Girardeau			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Stoddard		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Cape Girardeau		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Morehouse 10300		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Francis Hosp.		Length of stay in lb 2 Weeks	d. STREET ADDRESS (If outside, give location) Box 142		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last PETER ANTHONY RENNIER			4. DATE OF DEATH Month Day Year April 28, 1959		
5. SEX Male	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 10-15-1892	9. AGE (In years last birthday) 66	IF UNDER 1 YEAR Months 0 Days 13
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farming	11. BIRTHPLACE (City and state or country) Willow Hill, Illinois	12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Jacob Rennier		13b. MOTHER'S MAIDEN NAME Gertrude Kraus		14. NAME OF HUSBAND OR WIFE Goldie Rennier	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, No or unknown) (If Yes, give year or dates of service) No None		16. SOCIAL SECURITY NO. 492-42-3920	17. INFORMANT Address Mrs. Goldie Rennier Morehouse, 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) Acute Bleeding Stomach Ulcer					INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.					
DUE TO (b) _____					
DUE TO (c) _____					
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? 540- YES <input checked="" type="checkbox"/> NO <input 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 a.m. p.m.					
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 April 13, 1959 to April 28, 1959 and last saw him alive on April 28, 1959 Death occurred at 10:35 a.m. on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) Melvin P. Kasten		22b. ADDRESS M. D.° Cape Girardeau, Missouri		22c. DATE SIGNED 5-1-59	
23a. BURIAL, CREMATION, etc. (Specify) Burial		23b. DATE 5-1-59		23c. NAME OF CEMETERY OR CREMATORY Garden of Memories	
				23d. LOCATION (City, town, or county) (State) Sikeston, Missouri	
24. FUNERAL DIRECTOR ADDRESS Nunnelee Funeral Chapel Sikeston, Mo.			25. DATE RECD. BY LOCAL REG. 5-4-59		26. REGISTRAR'S SIGNATURE Irene Kasten

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

VS FEB 1960

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 *Philip J. Casserly*
Licensed Embalmer No. *4678*
P. O. Address *Sturton, ?*

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.