URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS SEP 25 1959

59-033116
STATE FILE NUMBER

AMENDED

Registration District No. 224 Primary Registration District No. 5791 Registrar's No. 82

1. PLACE OF DEATH
a. COUNTY: Moniteau
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Enon, Mo. Burris Fork
Length of stay in 1b:
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION:
Inside Limits: Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri
b. COUNTY: Moniteau
c. CITY OR TOWN: Enon, Mo.
Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location): Enon. Mo.
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: ANNA Middle: MYRTLE Last: RENKEN
4. DATE OF DEATH: Month: Sept. Day: 15 Year: 1959
5. SEX: Female
6. COLOR OR RACE: White
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: 4-28-87
9. AGE (last birthday): 72
IF UNDER 1 YEAR: Months: Days:
IF UNDER 24 HR: Hours: Min.:
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Maid
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and state or country): Pisgah Mo.
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: William Snoudgrass
13b. MOTHER'S MAIDEN NAME: Elizebeth Friday
14. NAME OF HUSBAND OR WIFE:
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.:
17. INFORMANT: Edmond Ronken Address: Enon, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Cerebral hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 5 days.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Generalized Arteriosclerosis — 4 years
DUE TO (c):
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 March 10, 1959 to Sept 15, 1959 and last saw her alive on Sept 12, 1959
Death occurred at 4:00 Am on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Kenyon Latham M.D.
22b. ADDRESS: California, Mo
22c. DATE SIGNED: 9-18-59

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: X 9-17-59
23c. NAME OF CEMETERY OR CREMATORY: Olean Cem.
23d. LOCATION (City, town, or county) (State): Olean, Mo.

24. FUNERAL DIRECTOR: Geo Steffens ADDRESS: Russellville Mo
25. DATE RECD. BY LOCAL REG.: 9/18/59
26. REGISTRAR'S SIGNATURE: H L Pogsley

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

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_____ Signed G. P. Steffens

Signature of Student Embalmer

Licensed Embalmer No. 2307.

P. O. Address Russell

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to compl 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.