

**FEDERAL BUREAU OF INVESTIGATION**  
**U.S. DEPARTMENT OF JUSTICE**  
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**U.S. DEPARTMENT OF JUSTICE**

FILED VS JAN 14 1960

59 044811  
 STATE FILE NUMBER

Registration District No. 217 Primary Registration District No. 5787 Registrar's No. 51

ENDED

1. PLACE OF DEATH a. COUNTY <u>Mississippi</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before a. STATE <u>Missouri</u> COUNTY <u>Mississippi</u> (Municipality)					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Rt.2 Charleston</u>		Length of stay in lb <u>41</u> Years		c. CITY OR TOWN <u>Rt.2 Charleston</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Rt.2 Charleston</u>				Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>Rt.2 Charleston</u>			
3. NAME OF DECEASED (Type or print) First <u>Henry</u> Middle <u>Louis</u> Last <u>Renaud</u>				4. DATE OF DEATH Month <u>12</u> Day <u>18</u> Year <u>59</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>11/4/1884</u>			
9. AGE (last birthday) <u>75</u>		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) <u>Farmer</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>		11. BIRTHPLACE (City and state or country) <u>Perry County, Mo.</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>		
13a. FATHER'S NAME <u>Charles Renaud</u>			13b. MOTHER'S MAIDEN NAME <u>Mary Niehaus</u>			14. NAME OF HUSBAND OR WIFE <u>Appilone Renaud</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>496-40-0168</u>		17. INFORMANT Address <u>Mrs. Appilone Renaud, Charleston, 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>Ventricular Fibrillation</u>							INTERVAL BETWEEN ONSET AND DEATH <u>Instant</u>		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Chr. Myocarditis following Ac. Coarctation of Aorta</u>							DUE TO (c) <u>Dec. 31 1952</u>		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Chr. P.C. Tinea &amp; ac etia - Rx. Pleural effusion</u>							PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
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 _____ a.m. _____ p.m.		Month, Day, Year							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" 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>Dec 31 1952</u> , to <u>12/18/59</u> and last saw him alive on <u>12/18/59</u> Death occurred at <u>9:00 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>E. Charles Kolwing MD</u>				22b. ADDRESS <u>Charleston, Mo</u>			22c. DATE SIGNED <u>12/20/59</u>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>12/21/59</u>	23c. NAME OF CEMETERY OR CREMATORY <u>First Calvary Cemetery</u>		23d. LOCATION (City, town, or county) <u>Charleston, Mo.</u>				
24. FUNERAL DIRECTOR <u>The Nunnelee Funeral Chapel</u> Address <u>Charleston, Mo.</u>				25. DATE RECD. BY LOCAL REG. <u>1-8-60</u>		26. REGISTRAR'S SIGNATURE <u>Donald B. Hatton</u>			

DOCUMENT

MEDICAL CERTIFICATION

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 \_\_\_\_\_

Signature of Student Embalmer

Signed

*Edward E. Hummel*

Licensed Embalmer No. 4164

P. O. Address

*Sibley, W.*

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.