URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-60-037664

FILED VS OCT 2 0 1960

STATE FILE NUMBER

Registration District No. 47 Primary Registration District No. 3008 Registrar's No. 287

ENDED

1. PLACE OF DEATH
a. COUNTY: Callaway
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Fulton, Missouri — Length of stay in Ib: 2 months
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Fulton State Hospital — Inside Limits: Yes [X] No [ ]

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Chariton
c. CITY OR TOWN: Keytesville — Inside Limits: Yes [ ] No [ ]
d. STREET ADDRESS (If outside, give location) — Reside on Farm: Yes [ ] No [ ]

3. NAME OF DECEASED (Type or print): First John Middle Edgar Last Renahan
4. DATE OF DEATH: Month October Day 17 Year 1960
5. SEX: Male
6. COLOR OR RACE: White
7. Married [ ] Never Married [X] Widowed [ ] Divorced [ ]
8. DATE OF BIRTH: 4-30-1909
9. AGE (last birthday): 51 — 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): Painter
10b. KIND OF BUSINESS OR INDUSTRY: Same
11. BIRTHPLACE (City and state or country): Missouri
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: John Jesse Renahan
13b. MOTHER'S MAIDEN NAME: Effie Belle Brewer
14. NAME OF HUSBAND OR WIFE: —
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) unk (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: unk
17. INFORMANT: State Hospital Records Address: Fulton, 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): Strangulation
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b):
DUE TO (c):
INTERVAL BETWEEN ONSET AND DEATH:

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Manic Depressive, depressed type psychosis

PART III. If deceased was female was there a pregnancy in last 90 days. [ ] Yes [ ] No [ ] Unknown

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X]
20a. ACCIDENT [ ] SUICIDE [X] HOMICIDE [ ]
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Patient hanged himself by his own belt tied to his bed frame.
20c. TIME OF INJURY Hour 12:35 p.m. Month, Day, Year Oct. 17-60
20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [X]
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Fulton State Hospital
20f. CITY, TOWN, OR LOCATION: Fulton COUNTY: Callaway STATE: Missouri

21. I attended the deceased from October 3, 1960, to ____ and last saw her/him alive on October 17, 1960
Death occurred at 12:35 P.M. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: H. G. Freund (Degree or title) M.D.
22b. ADDRESS: State Hospital No. 1, Fulton, Mo
22c. DATE SIGNED: 10-17-60

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 19 October 1960
23c. NAME OF CEMETERY OR CREMATORY: City Cemetery
23d. LOCATION (City, town, or county) (State): Keytesville Mo

24. FUNERAL DIRECTOR: Wallace F.H. ADDRESS: Fulton, Mo.
25. DATE RECD. BY LOCAL REG.: Oct-17-1960
26. REGISTRAR'S SIGNATURE: Maretta Lawrence

(Licensed Embalmer's Statement on Reverse Side)

BY AFFIDAVIT OF DOCUMENT

JAN 1 2 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed H. R. Masure

Signature of Student Embalmer

Licensed Embalmer No. 4996

P. O. Address Fulton,

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