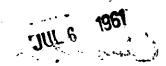
SSOU	RI [) 	ISION OF HEALTH – STANDARD CERTIFICATE OF DEATH Project Leading District No. 4022 Registrar's No. 47 Project Leading District No. 47 Primary Registration District No. 4022 Registrar's No. 47
AMEN	DED	- -	1. PLACE OF DEATH a. COUNTY R and b. COUNTY R admission) 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before a. STATE D b. COUNTY R admission)
VENDE			b. CITY (If outside corporate limits, give TOWNSHIP only) Length of stay in 1b C. CITY OR OR TOWNSHIP only) Length of stay in 1b OR OR TOWNSHIP only)
DATE AMENDED			c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION RAY COUNTY MEMORIAL HOSPITAL Yes \(\text{No.} \text{No.} \text{No.} \text{MEMORIAL} \) Yes \(\text{No.} \te
	1-		3. NAME OF DECEASED First Middle Last 4. DATE Month Day Year (Type or print) JOHN WILLIAM RENZELMAN DEATH MAY 5, 1961
			5. SEX 6. COLOR OR RACE Widowed Divorced Divorce
			13a. FATHER'S NAME 13b. MOTHER'S MAIDEN NAME 14. NAME OF HUSBAND OR WIFE FRED RENZEL MAN MARY MEINKIN CLARA RENZEL MAN
			15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown); (If yes, give war or dates of service) (Yes, no, or unknown); (If yes, give war or dates of service) (Yes, no, or unknown); (If yes, give war or dates of service)
P.		COMENI	18. CAUSE OF DEATH (Enter only one cause per line for 1% (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) PART I. DEATH WAS CAUSED BY:
INSTEAD		Š	Conditions, if any, which gave rise to above cause (a), stating the under-iying cause last. 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 II. If deceased was female was there a pregnancy in last 90 days. Yes N. Unknown
			-
			20c. TIME OF How Month, Day, Year INJURY a.m. p.m. 20d. INJURY OCCURRED 20e. PLACE OF INJURY (e.g., in or about home, 20f. CITY, TOWN, OR LOCATION COUNTY STATE
READ			WHILE AT WORK farm, factory, street, office bldg., etc.) NOT WHILE AT WORK farm, factory, street, office bldg., etc.) 21. I attended the deceased from 1958, to
SHOULD R		ь Б	Death occurred at
		AFFIDAVIT	23a. BURIAL, CREMATION; 23b. DATE 23c. JAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county) (State)
ITEM NO		BY AFF	24. FUNERAL DIRECTOR: ADDRESS 25. DATE RECD. BY LOCAL REG. 26. REGISTRAR'S SIGNATURE BORGERANING-FURY, HOME - HARDIN MG 5-12-1961 Malel Sankson
	1 1	-	(Licensed Embalmer's Statement on Reverse Side)



STATEMENT BY LICENSED EMBALMER

or by	, Student Embalmer No
working under my personal supervision.	
Student S	igned August Borcherding
Signature of Student Embalmer	
	Licensed Embalmer No. 4678
S.	P. O. Address Herling Mo.
	1. O. Addiess
Note: The above MUST BE SIGNED BY THE LICENSED	EMBALMER in his OWN HANDWRITING. (Failure to comply

If this body is not embalmed, fact should be so stated above.