

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-033763
STATE FILE NUMBER

Registration District No. 273 Primary Registration District No. — Registrar's No. 104

AMENDED

FILED SEP 18 1961

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY <u>Perry</u>		b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Biehle</u>		a. STATE <u>Mo.</u>		b. COUNTY <u>Perry</u>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Perryville, R.2.</u>		Length of stay in 1b		c. CITY OR TOWN <u>Biehle</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print)		First <u>August</u>		Middle <u>Frederick</u>		Last <u>Renner</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>Feb. 8, 1893</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life; even if retired) <u>Custodian</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Maintenance</u>		11. BIRTHPLACE (City and state or country) <u>Cape Girardeau, Mo.</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Barney Renner</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Lappe</u>		14. NAME OF HUSBAND OR WIFE <u>Mary Renner</u>		4. DATE OF DEATH Month <u>Sept.</u> Day <u>3</u> Year <u>1961</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes</u>				INFORMANT Address <u>-Mrs. Mary Renner, Biehle, Mo.</u>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:				INTERVAL BETWEEN ONSET AND DEATH			
IMMEDIATE CAUSE (a) <u>Cerebrovascular accident</u>				<u>2d.</u>			
DUE TO (b) <u>Cerebral arteriosclerosis</u>				<u>3-4yr.</u>			
DUE TO (c) _____				_____			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Generalized osteoarthritis</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 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>6-21-61</u> , to <u>9-3-61</u> and last saw him alive on <u>6-21-61</u> Death occurred at <u>10:20 A.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <u>J. L. Fairchild, M.D.</u>				22b. ADDRESS <u>Perryville, Mo.</u>		22c. DATE SIGNED <u>9-5-61</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>Sept. 6, 1961</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Catholic Cem.</u>		23d. LOCATION (City, town, or county) (State) <u>Biehle, Mo.</u>	
24. FUNERAL DIRECTOR ADDRESS <u>Albert Bey, Perryville, Mo.</u>				25. DATE RECD. BY LOCAL REG. <u>9-6-61</u>		26. REGISTRAR'S SIGNATURE <u>Joel Zalkner</u>	

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

SEP 18 1961

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 _____



Licensed Embalmer No. 3866

P. O. Address Pearyville, Md

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.