SOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-61-041919
STATE FILE NUMBER

Registration District No. 273 Primary Registration District No. 3051 Registrar's No. 136

AMENDED

FILED DEC 5 1961

1. PLACE OF DEATH
a. COUNTY Perry
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Perryville
Length of stay in 1b: 1 day
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION P.C.Mem Hospital
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo b. COUNTY Perry
c. CITY OR TOWN Perryville
Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location) Rural Rte #1
Reside on Farm: Yes ☒ No ☐

3. NAME OF DECEASED (Type or print) First: Martin Middle: Joseph Last: Renaud

4. DATE OF DEATH Month: November Day: 22 Year: 1961

5. SEX: Male
6. COLOR OR RACE: White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 5-29-01
9. AGE (last birthday): 60
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): Farmer
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and state or country): Perry County, Mo.
12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: Paul Renaud
13b. MOTHER'S MAIDEN NAME: Mary Horrell
14. NAME OF HUSBAND OR WIFE: Katherine Renaud

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)

17. INFORMANT: Mrs Katherine Renaud Address: Perryville, 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) Arteriosclerotic Heart Disease
DUE TO (b) Heart Failure
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (c)
INTERVAL BETWEEN ONSET AND DEATH: 2-3 yrs

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 1-3-58 to 11-22-61 and last saw her/him alive on 11-22-61
Death occurred at 8:45 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or Title) [illegible] M.D.
22b. ADDRESS Perryville, Mo.
22c. DATE SIGNED 11-24-61

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 11-25-61
23c. NAME OF CEMETERY OR CREMATORY: St. Joseph Catholic Cem.
23d. LOCATION (City, town, or county): Highland (State): Missouri

24. FUNERAL DIRECTOR: Young & Sons ADDRESS: Perryville Mo
25. DATE RECD. BY LOCAL REG.: 11-25-61
26. REGISTRAR'S SIGNATURE: Joe J Zoellner

(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED | INSTEAD OF | DOCUMENT | SHOULD READ | BY AFFIDAVIT OF | ITEM NO.

STATEMENT BY LICENSED EMBALMER

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

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Wallace Young

Signature of Student Embalmer

Licensed Embalmer No. 4029

P. O. Address Perryville

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