MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-016029

STATE FILE NUMBER

Registration District No. 209 Primary Registration District No. 3043 Registrar's No. 157

FILED MAY 4 1962

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

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USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS — DATE AMENDED — INSTEAD OF — SHOULD READ — ITEM NO. — BY AFFIDAVIT OF — DOCUMENT

1. PLACE OF DEATH
a. COUNTY: Marion
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Hannibal — Length of stay in 1b: 3 hrs
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: St. Elizabeth — Inside Limits: Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Ill — b. COUNTY: Pike
c. CITY OR TOWN: Barry — Inside Limits: Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location): — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First / Middle / Last: Mrs. Susie Mae Renourd

4. DATE OF DEATH: Month / Day / Year: 4/27/62

5. SEX: Female
6. COLOR OR RACE: White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 5/27/1887
9. AGE (last birthday): 73 — 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): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and state or country): Nebo Illinois
12. CITIZEN OF WHAT COUNTRY:

13a. FATHER'S NAME: Willis Byxbe
13b. MOTHER'S MAIDEN NAME: Eliza Toombs
14. NAME OF HUSBAND OR WIFE: Ed. Renourd

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
17. INFORMANT: Mrs W. H. Grimmer — Address:

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): myocardial Infarct — INTERVAL BETWEEN ONSET AND DEATH: 1 day.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b): arteriosclerotic Vascular Disease — 2 yrs.
DUE TO (c):
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): anemia
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 Feb 12, 1962, to April 27, 1962 and last saw her/him alive on April 13, 1962
Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Robert J. Lanning M.D.
22b. ADDRESS: Hannibal, Mo
22c. DATE SIGNED:

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 4/30/62
23c. NAME OF CEMETERY OR CREMATORY: Park Lawn
23d. LOCATION (City, town, or county) (State): Barry Ill

24. FUNERAL DIRECTOR: Thos. N. Lock — ADDRESS: Barry Illinois
25. DATE RECD. BY LOCAL REG.: April 30, 1962
26. REGISTRAR'S SIGNATURE: Dr. E. M. Luche by Lillian M. Herman

(Licensed Embalmer's Statement on Reverse Side)

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, ~~as by~~ Thos. N. Lock, ~~Student Embalmer No.~~ _____ working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Thos. N. Lock

Licensed Embalmer No. 2201

P. O. Address BARRY Ill

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.