

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

## = 62-022203

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 47 Primary Registration District No. 3008 Registrar's No. 160

**FILED JUL 9 1962**

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Rev. 4/59

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DATE AMENDED

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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

|   |  |   |   |
|---|--|---|---|
| 1. PLACE OF DEATH   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)   |   |
| a. COUNTY <u>Callaway</u>   |  | a. STATE <u>Missouri</u> b. COUNTY <u>Franklin</u>  |   |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <u>Fulton</u>  |  | c. CITY OR TOWN <u>Sullivan</u>   |   |
| Length of stay in 1b <u>24 1/2 yrs.</u>   |  | Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>   |   |
| c. FULL NAME OF (IF NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <u>State Hospital No. 1</u>                        |  | d. STREET ADDRESS (If outside, give location) <u>Route 1</u>  |   |
| Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>   |  | Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  |   |
| 3. NAME OF DECEASED (Type or print)   |  |   | 4. DATE OF DEATH  |
| First <u>Charles</u> Middle <u>H.</u> Last <u>Renick</u>  |  |   | Month <u>July</u> Day <u>3</u> Year <u>1962</u>   |
| 5. SEX <u>male</u>  | 6. COLOR OR RACE <u>White</u>          | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH <u>4/22/1877</u>   |
| 9. AGE (last birthday) <u>85</u>  |  | IF UNDER 1 YEAR   | IF UNDER 24 HR  |
|   |  | Months  | Days  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farmer</u>                         |  | 10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>  | 11. BIRTHPLACE (City and state or country) <u>Franklin County, Mo.</u>                    |
| 12. CITIZEN OF WHAT COUNTRY <u>U. S. A.</u>   |  | 13a. FATHER'S NAME <u>William Colla Renick</u>  |   |
| 13b. MOTHER'S MAIDEN NAME <u>unk</u>  |  | 14. NAME OF HUSBAND OR WIFE <u>Frances Strothman</u>  |   |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>   |  | 16. SOCIAL SECURITY NO. <u>none</u>   |   |
| 17. INFORMANT <u>State Hospital No. 1</u>   |  | Address <u>Fulton, Mo.</u>  |   |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:                          |  |   | INTERVAL BETWEEN ONSET AND DEATH  |
| IMMEDIATE CAUSE (a) <u>Pulmonary embolism</u>   |  |   |   |
| DUE TO (b) <u>Arteriosclerotic heart disease</u>  |  |   |   |
| DUE TO (c) <u>Benign prostatic hypertrophy</u>  |  |   |   |
| 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.                   |
|   |  |   | <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 <u>          </u> Month, Day, Year <u>          </u>   |  |   |   |
| 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  |   |
| <u>State Hosp. No. 1</u>  |  | <u>Fulton, Mo.</u>  |   |
| 21. I attended the deceased from <u>10-6-1937</u> to <u>7-3-1962</u>  |  |   |   |
| Death occurred at <u>12:45 A. M.</u> on the date stated above, and to the best of my knowledge, from the causes stated.           |  |   |   |
| 22a. SIGNATURE (Degree or title)<br><u>James K. Catterhusel</u>   |  | 22b. ADDRESS <u>Fulton, Mo.</u>   |   |
| 22c. DATE SIGNED <u>7/3/62</u>  |  |   |   |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>Burial</u>  | 23b. DATE <u>7/6/1962</u>              | 23c. NAME OF CEMETERY OR CREMATORY <u>Com. Holy Martyrs Church</u>  | 23d. LOCATION (City, town, or county) <u>Sullivan Missouri</u>                            |
| 24. FUNERAL DIRECTOR <u>Clayton U. Monheim</u>  |  | ADDRESS <u>Fulton, Mo.</u>  |   |
| 25. DATE RECD. BY LOCAL REG. <u>July 3-1962</u>   |  | 26. REGISTRAR'S SIGNATURE <u>Maretta Lawrence</u>   |   |

**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 Thomas M. Emmons

Licensed Embalmer No. 5064

P. O. Address Fulton, Mo

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.