

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=62-028212

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 291

Primary Registration District No. _____

Registrar's No. 107

FILED AUG 9 1962

1. PLACE OF DEATH

a. COUNTY Putnam

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN Unionville

Length of stay in 1b
54 days

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION Monroe Hospital

Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Mo. b. COUNTY Putnam

c. CITY OR TOWN Unionville Inside Limits
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)
959 Jefferson St. Reside on Farm
Yes ☐ No ☒

3. NAME OF DECEASED
(Type or print)

First Middle Last
Rossie Elviria Rennells

4. DATE OF DEATH
Month Day Year
7-29-62

5. SEX

F.

6. COLOR OR RACE

W

7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐

8. DATE OF BIRTH

5-8-98

9. AGE (last birthday)

64

IF UNDER 1 YEAR IF UNDER 24 HR
Months Days Hours Min.

2 21

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Homework

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)

Putnam Co., Mo.

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

Samuel Armaman

13b. MOTHER'S MAIDEN NAME

Jesse McCoy

14. NAME OF HUSBAND OR WIFE

Glen Rennells

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

no

16. SOCIAL SECURITY NO. (If informant)

487-14-7754B

Address

Glen Rennells-Unionville, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Lymphosarcoma of left breasts and lung

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

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 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 6-5-62 to 7-29-62 and I saw her alive on 7-29-62
Death occurred at 4:00 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

22c. DATE SIGNED

23a. BURIAL, CREMATION, REMOVAL (Specify)

23b. DATE

23c. NAME OF CEMETERY OR CREMATORY

23d. LOCATION (City, town, for county)

(State)

24. FUNERAL DIRECTOR

ADDRESS

25. DATE RECD. BY LOCAL REG.

26. REGISTRAR'S SIGNATURE

F.O. Husted & Son Unionville, Mo.

7-31-1962

Marvill Durbin

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 Nurl E. Heister

Licensed Embalmer No. 3304

P. O. Address Monroville, Mo

93 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.