

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-037967

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 55 Primary Registration District No. 5193 Registrar's No. 137

STATE FILE NUMBER

VS 300
Rev. 4/59

1 0170
2 0170
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4 0
5 1
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7 0
8 2
9 420.1
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12 91-3
13 1-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

FILED NOV 7 1962

1. PLACE OF DEATH
a. COUNTY **Carroll**

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE **Mo.** b. COUNTY **Carroll**

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN **Egypt Twp.** Length of stay in 1b **1 hr.**

c. CITY OR TOWN **Norborne** Inside Limits Yes No

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION **2 Mi.N. of Norborne** Inside Limits Yes No d. STREET ADDRESS (If outside, give location) **408 So. Pine** Reside on Farm Yes No

3. NAME OF DECEASED First Middle Last **MILES FREDERICK RENZELMAN** 4. DATE OF DEATH Month Day Year **Oct. 26 1962**

5. SEX **Male** 6. COLOR OR RACE **White** 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH **11/4/1905** 9. AGE (last birthday) **56** 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) **Painter** 10b. KIND OF BUSINESS OR INDUSTRY **Painting** 11. BIRTHPLACE (City and state or country) **Bogard, Mo.** 12. CITIZEN OF WHAT COUNTRY **U.S.A.**

13a. FATHER'S NAME **Fred Renzelman** 13b. MOTHER'S MAIDEN NAME **Roxie Miles** 14. NAME OF HUSBAND OR WIFE **Sophia S. Renzelman**

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. [redacted] 17. INFORMANT Address **Mrs. Miles Renzelman, Norborne, Mo.**

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) **CORONARY THROMBOSIS** INTERVAL BETWEEN ONSET AND DEATH **IMMEDIATE**
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.) **at CORONER CALL** 20f. CITY, TOWN, OR LOCATION COUNTY STATE **Norborne Mo.**

21. I attended the deceased **at CORONER CALL** and last saw her/him alive on **9:15 A.**
Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree of City) **W. H. Smith M.D. Carroll County Mo.** 22b. ADDRESS **1027 9th St. Cassville Mo.** 22c. DATE SIGNED **10-27-62**

23a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 23b. DATE **10/28/62** 23c. NAME OF CEMETERY OR CREMATORY **Fairhaven Cem.** 23d. LOCATION (City, town, or county) (State) **Norborne Mo.**

24. FUNERAL DIRECTOR ADDRESS **Gibson Funeral Home, Norborne, Mo.** 25. DATE RECD. BY LOCAL REG. **10-29-62** 26. REGISTRAR'S SIGNATURE **Ann Clark Hill Moore**

USE BLACK INK OR TYPEWRITER RIBBON

NOV 7 1962

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 Ben W. Gibson

Licensed Embalmer No. 2961

P. O. Address Carrollton, 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.