

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-034893

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUD.

AMENDED

Registration District No. 323 Primary Registration District No. 6236 Registrar's No. 6

FILED AUG 26 1963

VS 300.
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
(INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Warren		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Illinois b. COUNTY Madison	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Rural-Charrette Twp.		Length of stay in 1b 4 years	c. CITY OR TOWN Worden
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Emmaus Home		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Rural Route # 1
3. NAME OF DECEASED (Type or print) First Reinhardt Middle Renken Last Renken		4. DATE OF DEATH Month August Day 16 , Year 1963	
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 1/12/1899
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None		10b. KIND OF BUSINESS OR INDUSTRY None	9. AGE (last birthday) 64
13a. FATHER'S NAME John Renken		11. BIRTHPLACE (City and state or country) Worden, Illinois	
13b. MOTHER'S MAIDEN NAME Mary Buettemeier		12. CITIZEN OF WHAT COUNTRY U. S. A.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of) No		14. NAME OF HUSBAND OR WIFE None	
18. CAUSE OF DEATH (Enter only one cause per time for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Epilepsy attack		17. INFORMANT Address John G. Ruhl, Marthasville, Missouri	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Epilepsy for years.		INTERVAL BETWEEN ONSET AND DEATH 2 hrs.	
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: <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 <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.		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 COUNTY STATE	
21. I attended the deceased from May 1959 to Aug 10/63 and last saw her alive on Aug 10/63 Death occurred at 5:30 p.m. of the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>J. C. Johnson M.D.</i>		22b. ADDRESS Marthasville Mo	
22c. DATE SIGNED 8/13/63		23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
23b. DATE 8/13/63		23c. NAME OF CEMETERY OR CREMATORY St. Paul's Lutheran Cemetery Worden, Illinois	
23d. LOCATION (City, town, or county) Worden, Illinois		24. FUNERAL DIRECTOR D. F. Lichtenberg, Marthasville, Missouri	
25. DATE RECD. BY LOCAL REG. 8/12/63		26. REGISTRAR'S SIGNATURE <i>J. C. Johnson</i>	

USE BLACK INK
OR
TYPEWRITER RIBBON

SEP 10 1963

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 Edmond E. Liebster

Licensed Embalmer No. 4318

P.O. Address Marthasville, 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.