

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-036400

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4795 STATE FILE NUMBER

DO NOT WRITE ON THIS STUD AMENDED

FILED SEP 18 1963	
<p>1. PLACE OF DEATH</p> <p>a. COUNTY <u>Jackson County</u></p> <p>b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Kansas City</u></p> <p>c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>General Hospital</u></p>	<p>2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)</p> <p>a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u></p> <p>c. CITY OR TOWN <u>Kansas City</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>d. STREET ADDRESS (If outside, give location) <u>3817 Smart</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>
<p>3. NAME OF DECEASED (Type or print)</p> <p style="text-align: center;">First Middle Last <u>Donald Rensch</u></p>	<p>4. DATE OF DEATH</p> <p style="text-align: center;">Month Day Year <u>8-27-63</u></p>
<p>5. SEX <u>Male</u></p>	<p>6. COLOR OR RACE <u>White</u></p>
<p>7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/></p>	<p>8. DATE OF BIRTH <u>Sept 3 1907</u></p>
<p>9. AGE (last birthday) <u>55</u></p>	<p>10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Truck Driver</u></p>
<p>11. BIRTHPLACE (City and state or country) <u>Tyrone, Missouri</u></p>	<p>12. CITIZEN OF WHAT COUNTRY <u>U. S. A.</u></p>
<p>13a. FATHER'S NAME <u>C. S. Rensch</u></p>	<p>13b. MOTHER'S MAIDEN NAME <u>Martha Morgan</u></p>
<p>14. NAME OF HUSBAND OR WIFE <u>Lelia Rensch</u></p>	<p>15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u></p>
<p>16. SOCIAL SECURITY NO. [REDACTED]</p>	<p>17. INFORMANT Address <u>Lelia Rensch -3817 Smart, Kansas City, Mo.</u></p>
<p>18. CAUSE OF DEATH (Enter only one cause per line)</p> <p style="text-align: center;">PART I. DEATH WAS CAUSED BY:</p> <p style="text-align: center;">IMMEDIATE CAUSE (a) <u>Carcinoma of the Pancreas and Pulmonary emboli</u></p> <p style="text-align: center;">DUE TO (b) _____</p> <p style="text-align: center;">DUE TO (c) _____</p> <p style="text-align: center;">PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)</p> <p style="text-align: center;">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</p>	
<p>19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/></p>	<p>20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/></p>
<p>20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)</p>	
<p>20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year</p>	<p>20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/></p>
<p>20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)</p>	<p>20f. CITY, TOWN, OR LOCATION COUNTY STATE</p>
<p>21. I attended the deceased from <u>9:30 AM 8-27-63</u>, to <u>11:30 AM 8-27-63</u> last saw ^{her}him alive on <u>8-27-63</u></p> <p>Death occurred at <u>11:30</u> A m on the date stated above, and to the best of my knowledge, from the causes stated.</p>	
<p>22a. SIGNATURE <u>Frank Ellis</u> (Degree See Title)</p>	<p>22b. ADDRESS <u>2400 Cherry Street</u></p>
<p>22c. DATE SIGNED <u>8-27-63</u></p>	
<p>23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u></p>	<p>23b. DATE <u>August 29, 1963</u></p>
<p>23c. NAME OF CEMETERY OR CREMATORY <u>Girard Cemetery</u></p>	<p>23d. LOCATION (City, town, or county) (State) <u>Girard Crawford Kansas</u></p>
<p>24. FUNERAL DIRECTOR ADDRESS <u>Gates-1901 Olathe Blvd-Kansas City, Kan</u></p>	<p>25. DATE RECD. BY LOCAL REG. <u>8-29-63</u></p>
<p>26. REGISTRAR'S SIGNATURE <u>Bessie Smith</u></p>	

VS 300 Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

Name of Deceased

Age at Death

Sex

Place of Birth

Place of Death

Date of Death

Time of Death

Cause of Death

Manner of Death

Place of Burial

Signature of Physician

Date of Report

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 Paul R. Williamson

Licensed Embalmer No. 5009

P. O. Address Overland Park, Ks

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.