

STANDARD CERTIFICATE OF DEATH

25542

State File No.

FILED SEP 6 1955

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

BIRTH NO. _____		REG. DIST. NO. <u>53</u>		PRIMARY REG. DIST. NO. <u>3010</u>		Registrar's No. <u>332</u>	
1. PLACE OF DEATH a. COUNTY <u>Cape Girardeau</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Cape Gir.</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Cape Girardeau</u>		c. LENGTH OF STAY (in this place) <u>2 days</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural, Shawnee</u>		d. STREET ADDRESS (If rural, give location) <u>Jackson Star R.F.D.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>South East Memorial Hospital</u>							
3. NAME OF DECEASED (Type or Print) a. (First) <u>Martin</u> b. (Middle) <u>A.</u> c. (Last) <u>Renne</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Aug 26 1955</u>				
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never married</u>	8. DATE OF BIRTH <u>Sept 30, 1905</u>		9. AGE (In years last birthday) <u>49</u>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>	11. BIRTHPLACE (State or foreign country) <u>Missouri</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Owned Farm</u>	11. BIRTHPLACE (State or foreign country) <u>Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	13a. FATHER'S NAME <u>W.C.F. Renne</u>	13b. MOTHER'S MAIDEN NAME <u>Elizabeth Kester</u>	14. NAME OF HUSBAND OR WIFE <u>none</u>	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</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'S SIGNATURE OR NAME <u>Joe C. Renne</u> ADDRESS <u>Gordonville Mo.</u>					
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arteriolar nephrosclerosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Diabetes mellitus</u> DUE TO (c) <u>260X</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH <u>3 yrs.</u> <u>20 yrs.</u>	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>May</u> , 19 <u>52</u> , to <u>Aug 26</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>Aug 26</u> , 19 <u>55</u> , and that death occurred at <u>7:45 P.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>J. N. Jaeger, M.D.</u> (Degree or title)			23b. ADDRESS <u>Jackson, Mo</u>		23c. DATE SIGNED <u>Aug 27, 1955</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Aug. 28, 1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Gordonville</u>		24d. LOCATION (City, town, or county) (State) <u>Gordonville Mo.</u>			
DATE REC'D BY LOCAL REG. <u>8-29-55</u>	REGISTRAR'S SIGNATURE <u>C. C. Summers</u> +4-0		25. FUNERAL DIRECTOR'S SIGNATURE <u>V. C. Crawford</u> ADDRESS <u>Jackson, Mo.</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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....
Student Embalmer

Signed Jim C Cracraft

Licensed Embalmer No. 4327

P. O. Address Jackson, Miss

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 this body is not embalmed, fact should be so stated above.