

STANDARD CERTIFICATE OF DEATH

FILED APR 15 1949

State File No.

No. 300
10.48

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

BIRTH NO. _____ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 165

1. PLACE OF DEATH a. COUNTY JASPER		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) JOPLIN		c. CITY (If outside corporate limits, write RURAL and give township) Commerce, Okla.	
c. LENGTH OF STAY (In this place) 11		d. STREET ADDRESS (If rural, give location) 2	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. John's			

3. NAME OF DECEASED (Type or Print) ANDREW	a. (First)	b. (Middle) J.	c. (Last) RENO	4. DATE OF DEATH (Month) 4 (Day) 6 (Year) 49
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Nov. 13, 1899	9. AGE (In years last birthday) 50
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming		10b. KIND OF BUSINESS OR INDUSTRY Farming	11. BIRTHPLACE (State or foreign country) Delaware Co., Okla.	12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Sol Reno	13b. MOTHER'S MAIDEN NAME Lizzie Bryant	14. NAME OF HUSBAND OR WIFE Effie Reno
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) unknown	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME Effie Reno ADDRESS Commerce, Okla.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH Oct. 1948
This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Ca of liver (common bile duct)		
	ANTECEDENT CAUSES		
	MORBID CONDITIONS, if any, giving rise to the above cause (a) stating the underlying cause last.		
	DUE TO (b) _____		
	DUE TO (c) _____		
	II. OTHER SIGNIFICANT CONDITIONS		
	Conditions contributing to the death but not related to the disease or condition causing death. Severe obstructive jaundice		

19a. DATE OF OPERATION 2-8-49	19b. MAJOR FINDINGS OF OPERATION Inoperable ca of liver	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 OF INJURY (Month) (Day) (Year) (Hour) (Min.)	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 Feb. 2, 1949, to April 6, 1949, that I last saw the deceased alive on April 5, 1949, and that death occurred at 1:00 p m., from the causes and on the date stated above.

23a. SIGNATURE <i>James L. ...</i> (Degree or title)	23b. ADDRESS 308 Frisco Bldg, Joplin, Mo	23c. DATE SIGNED 4-7-49
24a. BURIAL CREMA TION REMOVAL (Specify)	24b. DATE 4-9-49	24c. NAME OF CEMETERY OR CREMATORY D. A. R. Cemetery
		24d. LOCATION (City, town, or county) (State) Miami Okla.

DATE REC'D BY LOCAL REG 4-9-49	REGISTRAR'S SIGNATURE Ed S. James	25. FUNERAL DIRECTOR'S SIGNATURE Mitchelson Funeral Home ADDRESS Commerce, Okla.
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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
Student Embalmer

Signed *F. M. Jones*

Licensed Embalmer No. *2319*

P. O. Address *Joplin 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 this body is not embalmed, fact should be so stated above.