

FILED AUG 15 1949

# STANDARD CERTIFICATE OF DEATH

State File No. **22636**
 BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **42** PRIMARY REG. DIST. NO. **1000** Registrar's No. **860**

<b>1. PLACE OF DEATH</b> a. COUNTY <b>Buchanan</b> b. CITY OR TOWN <b>St. Joseph</b> (If outside corporate limits, write RURAL and give township) c. LENGTH OF STAY (In this place) <b>2 weeks</b> d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Joseph's Hospital</b> (If not in hospital or institution, give street address or location)		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Buchanan</b> // c. CITY OR TOWN <b>Halls - rural - Wayne Twsp.</b> // d. STREET ADDRESS (If rural, give location) <b>R.F.D. # 1, Halls, Mo.</b> 0	
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<b>3. NAME OF DECEASED</b> (Type or Print) <b>FRED</b> a. (First) b. (Middle) c. (Last) <b>RENO</b>	<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <b>8 4 1949</b>
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<b>5. SEX</b> <b>Male</b> 0	<b>6. COLOR OR RACE</b> <b>White</b>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <b>Married</b> 1	<b>8. DATE OF BIRTH</b> <b>8-3-1878</b>	<b>9. AGE</b> (In years last birthday) <b>71</b>	<b>F UNDER 1 YEAR</b> Months _____ Days _____	<b>F UNDER 18 HRS.</b> Hours _____ Min. _____
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<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>Farmer</b>	<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <b>Farm</b>	<b>11. BIRTHPLACE</b> (State or foreign country) <b>DeKalb, Missouri</b> 0	<b>12. CITIZEN OF WHAT COUNTRY?</b> <b>U.S.A.</b>
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<b>13a. FATHER'S NAME</b> <b>Aaron G. Reno</b>	<b>13b. MOTHER'S MAIDEN NAME</b> <b>Melissa Ellen Pettet</b>	<b>14. NAME OF HUSBAND OR WIFE</b> <b>Maude Reno</b>
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<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) <b>no</b> (If yes, give war or dates of service)	<b>16. SOCIAL SECURITY NO.</b> <b>none</b>	<b>17. INFORMANT'S SIGNATURE OR NAME</b> ADDRESS <b>Maude Reno, R.F.D.# 1, Halls, Mo.</b>
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<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>	<b>MEDICAL CERTIFICATION</b> <b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <b>Coronary thromb</b> <b>ANTECEDENT CAUSES</b> <b>Coronary sclerosis</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____	<b>INTERVAL BETWEEN ONSET AND DEATH</b> <b>2 weeks</b>  <b>6 weeks</b>
<b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death.		<b>4/201</b>

<b>19a. DATE OF OPERATION</b>	<b>19b. MAJOR FINDINGS OF OPERATION</b>	<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b>
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<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) (m.)	<b>21e. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b>
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22. I hereby certify that I attended the deceased from 7/24 1949, to 8/3 1949; that I last saw the deceased alive on 8/3 1949, and that death occurred at 2:00 A.M., from the causes and on the date stated above.

<b>23a. SIGNATURE</b> (Degree or title) <b>Frank Anderson M.D.</b>	<b>23b. ADDRESS</b> <b>670 Jones St</b>	<b>23c. DATE SIGNED</b> <b>8/4/49.</b>
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<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <b>Burial</b>	<b>24b. DATE</b> <b>8/6/49</b>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <b>MEMORIAL PARK</b>	<b>24d. LOCATION</b> (City, town, or county) (State) <b>ST. JOSEPH MO</b>
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<b>DATE REC'D BY LOCAL REG.</b> <b>Aug. 5, 1949</b>	<b>REGISTRAR'S SIGNATURE</b> <b>E. B. Jenkins</b>	<b>FUNERAL DIRECTOR'S SIGNATURE</b> ADDRESS <b>John B. Rupp St Joseph, Mo.</b>
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING BLACK INK—MAKE A PERMANENT RECORD

**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

*John E. Rupp*  
Licensed Embalmer No. *3986*

P. O. Address *St. Joseph*

**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.