

FILED FEB 21 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5500

State File No.

BIRTH NO.		REG. DIST. NO. <u>231</u>		PRIMARY REG. DIST. NO. <u>5812</u>		Registrar's No. <u>3</u>	
1. PLACE OF DEATH a. COUNTY <u>Montgomery CO</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Montgomery</u>			
b. CITY OR TOWN <u>Montgomery</u> (If outside corporate limits, write RURAL and give township)				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Corso</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>Home</u>				d. STREET ADDRESS (If rural, give location) <u>Home (Rural)</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Ida</u>		b. (Middle) <u>Renner</u>		c. (Last) <u>Ant</u>	
4. DATE OF DEATH		Month <u>FEB</u> Day <u>14</u> Year <u>1950</u>					
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWER, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>6-5-1876</u>	
9. AGE (In years last birthday) <u>79</u>		IF UNDER 1 YEAR Months Days		IF UNDER 24 HRS. Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>General Duties</u>		11. BIRTHPLACE (State or foreign country) <u>West Virginia</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Samuel Renner</u>		13b. MOTHER'S MAIDEN NAME <u>Hellen Sperry</u>		14. NAME OF HUSBAND OR WIFE <u>Albert Ant (Deid)</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>William Moore Corso, Missouri.</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>Myocardial Heart failure.</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cardio vascular remodeling.</u> DUE TO (c) <u>Senility</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>442X</u>					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES ☐ NO ☐			
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 ☐ NOT WHILE AT WORK ☐		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Feb 5</u> , 1950, to <u>Feb 14</u> , 1950, that I last saw the deceased alive on <u>Feb 13</u> , 1950, and that death occurred at <u>9:30pm.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>H. R. Titus D.O.</u>		23b. ADDRESS <u>Middle town, Mo.</u>		23c. DATE SIGNED <u>Feb 15/50</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>2-16-1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Macedonia Cem</u>		24d. LOCATION (City, town, or county) (State) <u>Near Bellflower Mo</u>	
DATE REC'D BY LOCAL REG. <u>Feb 15-50</u>		REGISTRAR'S SIGNATURE <u>Joe F. Chapman</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Edward C. Jones</u>		ADDRESS <u>Bellflower Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING 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.....

Me.....

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed.....

Clarence H. Jones

Licensed Embalmer No. 2978

P. O. Address Bellflower 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.