

FILED JAN 11 1951

STANDARD CERTIFICATE OF DEATH

State File No. 2070

0804

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

BIRTH NO.		REG. DIST. NO. 274		PRIMARY REG. DIST. NO. 3052		Registrar's No. 1	
1. PLACE OF DEATH a. COUNTY Pettis				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Pettis			
b. CITY (If outside corporate limits, write RURAL and give townshp) Sedalia		c. LENGTH OF STAY (in this place) 15 yrs.		c. CITY (If outside corporate limits, write RURAL and give townshp) Sedalia, Missouri		0804	
d. FULL NAME OF HOSPITAL OR INSTITUTION 718 East 9th St.				d. STREET ADDRESS (If rural, give location) 718 East 9th St.			
3. NAME OF DECEASED (Type or Print) MAMIE		a. (First)		b. (Middle) RENNO		c. (Last) LOWER	
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH Jan. 1, 1884	
9. AGE (In years last birthday) 67		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Home-making		11. BIRTHPLACE (State or foreign country) Saline County, Missouri	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME William Renno		13b. MOTHER'S MAIDEN NAME Deborah Marlin		14. NAME OF HUSBAND OR WIFE Emmett Lower	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME Mrs. John Riley, dau. Sedalia, Mo.			
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) Terminal Pneumonia. ANTECEDENT CAUSES Hypertensive Heart Disease. 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. Senility.				INTERVAL BETWEEN ONSET AND DEATH 2 days 1 year. 44 3/4 1 year	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION Medical treatment only.				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) None.		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) None.		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 over 1 year, 19___, to Jan. 3rd, 1951, that I last saw the deceased alive on Jan. 1st, 1951, and that death occurred at 11:50 a.m. from the causes and on the date stated above.							
23a. SIGNATURE Jno. B. Carlisle, M.D.				23b. ADDRESS Sedalia, Missouri.		23c. DATE SIGNED Jan. 4th 1951	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 1/5/51		24c. NAME OF CEMETERY OR CREMATORY Memorial Park		24d. LOCATION (City, town, or county) Sedalia, Missouri	
DATE RECEIVED BY LOCAL REG. 1/5/51		REGISTRAR'S SIGNATURE		FUNERAL DIRECTOR'S SIGNATURE		ADDRESS Sedalia, Mo.	

RECEIVED 1.9.51

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed 1.9.51

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 *R. E. Baker*

Licensed Embalmer No. 2419

P. O. Address *Sedalia 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.