

FILED MAY 21 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

174335

State File No. ....

BIRTH NO. 92029-50 REG. DIST. NO. 240 PRIMARY REG. DIST. NO. 5824 Registrar's No. 13

1. PLACE OF DEATH a. COUNTY <u>NEW MADRID.</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI.</u> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL Lafonts</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Lafonts 0720</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Marston, Mo.</u>		d. STREET ADDRESS (If rural, give location) <u>Marston, Mo.</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>SHERIN</u> b. (Middle) <u>KAY</u> c. (Last) <u>RENO</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>MAY-11-1951</u>		
5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>CHILD 0</u>	
8. DATE OF BIRTH <u>DEC-3-1950</u>		9. AGE (In years last birthday) <u>5</u>		10. CITIZEN OF WHAT COUNTRY? <u>U.S.-A</u>	
10a. USUAL OCCUPATION (Of his kind of work done during most of working life, even if retired) <u>CHILD-</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>NEW MADRID. MO</u>	

13a. FATHER'S NAME <u>IVAN J. RENO</u>		13b. MOTHER'S MAIDEN NAME <u>ANNIE RACHEL DUNN</u>		14. NAME OF HUSBAND OR WIFE	
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>No.</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Ivan J. Reno Marston, 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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Home burned up, children</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>were in home, and</u> DUE TO (c) <u>Wife burned to death</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3, 9/16</u> <u>16</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) <u>072</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		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 \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at 8 A m., from the causes and on the date stated above.

23a. SIGNATURE <u>H.S. Smith</u> (Degree or title) <u>Coroner.</u>		23b. ADDRESS <u>New Madrid Mo.</u>		23c. DATE SIGNED <u>May 11-51</u>	
24a. BURIAL CREMATION REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>May 12, 1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mound Cemetery</u>	
		24d. LOCATION (City, town, or county) (State) <u>New Madrid County, Mo.</u>			

DATE REC'D BY LOCAL REG. <u>May 14, 1951</u>		REGISTRAR'S SIGNATURE <u>H. J. Bond</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>H.S. Smith Funeral Home 808 Ward A. Caruthersville, Mo.</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

MAY 17 1951

DISTRICT HEALTH OFFICE No. 6

File No. ....

MAY 2 1951

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..... *W. Deaver-Jike*

Signed.....  
Student Embalmer

Licensed Embalmer No. *4484*

P. O. Address *Caruthersville, Mo*

*Body was not embalmed.*

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.