

FILED JUN 19 1951

## STANDARD CERTIFICATE OF DEATH

State File No. 19765

BIRTH NO. _____		REG. DIST. NO. <u>84</u>		PRIMARY REG. DIST. NO. <u>5319</u>		Registrar's No. <u>17</u>					
1. PLACE OF DEATH a. COUNTY <u>Cooper</u>				2. USUAL RESIDENCE (Where deceased lived. If he had no usual residence before admission, give residence at time of admission). a. STATE <u>Missouri</u>				b. COUNTY <u>Cooper</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>1 Mi. East of Otterville</u>			c. LENGTH OF STAY (in this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Sedalia</u>			<u>0804</u>				
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>On highway</u>				d. STREET ADDRESS (If rural, give location) <u>2221 So. Grand</u>							
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Leroy</u>		b. (Middle)		c. (Last) <u>Renno</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>June 11 1951</u>			
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>October 6" 1918</u>		9. AGE (In years last birthday) <u>32</u>	IF UNDER 1 YEAR Months <u>32</u>	IF UNDER 12 HRS. Days <u>32</u>	IF UNDER 1 MIN. Hours <u>32</u>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Filling Station Operator</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Gas &amp; Oil.</u>		11. BIRTHPLACE (State or foreign country) <u>Nelson, Missouri.</u>			12. CITIZEN OF WHAT COUNTRY? <u>USA.</u>			
13a. FATHER'S NAME <u>Claude Renno</u>			13b. MOTHER'S MAIDEN NAME <u>Effie Mae Rennison</u>			14. NAME OF HUSBAND OR WIFE <u>Geraldine Renno</u>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes World War 2</u>		16. SOCIAL SECURITY NO. <u>499-10-0490</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Geraldine Renno, Sedalia, Missouri.</u>					ADDRESS		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Drowning</u>  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) <u>Auto Wreck</u>  DUE TO (c) _____											
				II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.							
								<u>1168234</u> <u>320</u>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>027</u>						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Highway #50</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>1 Mile E of Otterville, Cooper Missouri</u>		21d. HOW DID INJURY OCCUR? <u>Accidental</u>					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>6 11 51 7p m.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>									
22. I hereby certify that I attended the deceased from <u>his attendance</u> , to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.											
23a. SIGNATURE <u>Don W. Wilson</u>				(Degree or title) <u>Coroner</u>		23b. ADDRESS <u>Court House, Boonville, Mo</u>		23c. DATE SIGNED <u>6/13/51</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>June 13" 1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Sedalia, Missouri.</u>						
DATE REC'D BY LOCAL REG. <u>June 13-51</u>		REGISTRAR'S SIGNATURE <u>Hellie Mullett</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>Gillispie Funeral Home, Sedalia, Mo.</u>						

(Licensed Embalmer's Statement on Reverse Side)

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

270  
3

**RECEIVED** 6-18-51  
DISTRICT HEALTH OFFICE No. 3

District File Number .....

Date Filed 6-18-51 .....

1951 JUN 27 10 11 AM

JUN 18 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.....  
Student Embalmer

Signed D. W. Eckert .....

Licensed Embalmer No. 3470 .....

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.