

No. 300
10.48

3896

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

State File No.

FILED FEB 25 1952

BIRTH NO. REG. DIST. NO. 10 PRIMARY REG. DIST. NO. 3002 Registrar's No. 29

1. PLACE OF DEATH a. COUNTY <u>Audrain</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>Mexico</u>		c. CITY OR TOWN <u>Buell Mo</u>	
c. LENGTH OF STAY (in this place) <u>6 da</u>		d. STREET ADDRESS (If rural, give location) <u>none</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Audrain County</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Daniel</u> b. (Middle) <u>Webster</u> c. (Last) <u>Renner</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>2-19-52</u>		
5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>W</u>	
8. DATE OF BIRTH <u>Sept 25 th 1874</u>		9. AGE (In years last birthday) <u>77</u>		IF UNDER 1 YEAR: Months Days Hours Mins.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Rail Road Labor</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Middletown Mo</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>Un Known</u>		14. NAME OF HUSBAND OR WIFE <u>Mayme Renner " Deceased"</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>707-09-0817</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Glen Renner Buell Mo</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH <u>2 weeks</u>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>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>Arteriosclerotic Heart Disease</u> DUE TO (c) <u>Kidney Arteriosclerosis</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.		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Hypertrophy Prostate</u>				
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4200</u>			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)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min)		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 2-18, 1952, to 2-19, 1952, that I last saw the deceased alive on 2-19, 1952, and that death occurred at 2³⁰ Am., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Harold D. Langford M.D.</u>		23b. ADDRESS <u>117 E. Monroe Mexico Mo</u>		23c. DATE SIGNED <u>Feb 20-52</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>2-20-52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Middletown Cemetery</u>		24d. LOCATION (City, town, or county); (State) <u>Middletown Mo</u>	
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DATE REC'D BY LOCAL REG. <u>Feb 20 1952</u>		REGISTRAR'S SIGNATURE <u>Blanche Neely</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>C. J. HOPKINS MONTGOMERY CITY MO</u>	
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(Licensed Embalmers' Statement on Reverse Side)

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

343
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JUN 9 1952

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~~ XXXX On the

19 th day of Feb 1952

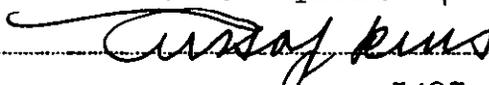
Student Embalmer No. _____

working under my personal supervision.

C. W. Hopkins

Student
Student Embalmer

Signed



Licensed Embalmer No. 1487

P. O. Address Montgomery City 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.