

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

34353

State File No. ....

S. No. 300-11  
v. 10.48  
NOV 10 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 47 PRIMARY REG. DIST. NO. 3008 Registrar's No. 372

1. PLACE OF DEATH a. COUNTY <u>Callaway</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Callaway</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Fulton</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Fulton</u>	
c. LENGTH OF STAY (In this place) <u>2 days</u>		0143	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Callaway Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>15 East Ninth Street</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>William</u> b. (Middle) <u>Henry</u> c. (Last) <u>Reno</u>	4. DATE OF DEATH (Month) <u>Nov.</u> (Day) <u>2</u> (Year) <u>1952</u>					
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>March 20, 1860</u>	9. AGE (In years last birthday) <u>92</u>	IF UNDER 1 YEAR Months <u>  </u> Days <u>  </u>	IF UNDER 24 HRS. Hours <u>  </u> Min. <u>  </u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Dentist</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Dentist</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Callaway County Mo. U</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			

13a. FATHER'S NAME <u>Bayless Reno</u>	13b. MOTHER'S MAIDEN NAME <u>Eliza Jane Nevins</u>	14. NAME OF HUSBAND OR WIFE <u>DK</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>No</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Virginia Reno</u> ADDRESS <u>Fulton Mo</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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hypertensive Cardiac Renal Vasc. Disease</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Age &amp; Malnutrition</u> DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Cancer - Skin - Radiation Scler.</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>442 X</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 10/3, 1952 to 11/2, 1952, that I last saw the deceased alive on 11/1, 1952, and that death occurred at 2:20 A.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>George J. Wood MD</u>	23b. ADDRESS <u>Fulton Mo</u>	23c. DATE SIGNED <u>11/3/52</u>
---	-------------------------------	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Cre-mation</u>	24b. DATE <u>Nov 4 1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Volwell Crematory</u>	24d. LOCATION (City, town, or county) (State) <u>St. Louis County Mo.</u>
---	-----------------------------	---	---

DATE REC'D BY LOCAL REG. <u>Nov 8-1952</u>	REGISTRAR'S SIGNATURE <u>Maretha Lawrence</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Maryann Funeral Home</u> ADDRESS <u>Fulton Mo</u>
--	---	---

(Licensed Embalmer's Statement on Reverse Side)

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

0143

NOV 9 1957

**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

*J. V. Ross*

Licensed Embalmer No.

*2555*

P. O. Address

*Fuller 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.