

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **39569**

FILED NOV 17 1953

BIRTH NO. 44512 REG. DIST. NO. 170 PRIMARY REG. DIST. NO. 5630 Registrar's No. 1 Oct

1. PLACE OF DEATH a. COUNTY <u>Laclede</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Laclede</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural, Leb. TS</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural, Lebanon TS</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>R.P. Lebanon T.S.</u>		d. STREET ADDRESS (If rural, give location) <u>Orla, Mo.</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Dwight</u> b. (Middle) <u>Eugene</u> c. (Last) <u>Renner</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Nov 7 1953</u>		
5. SEX <u>M</u> <u>O</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>0</u>	
8. DATE OF BIRTH <u>July 22, 1953</u>		9. AGE (In years last birthday) <u>3</u> <u>16</u> Months Days		IF UNDER 1 YEAR Hours Mins.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>✓</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>✓</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Lebanon, Missouri</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>					

13a. FATHER'S NAME <u>Oral Renner</u>		13b. MOTHER'S MAIDEN NAME <u>Francis Ruble</u>		14. NAME OF HUSBAND OR WIFE <u>✓</u>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>✓</u>		16. SOCIAL SECURITY NO. <u>✓</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Ervin Ruble, Orla, Mo.</u>	
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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, asthma, 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>accidental suffocation</u>		
	ANTECEDENT CAUSES 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.			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>E9240 18</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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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>Home</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) <u>Orla, Mo.</u> (STATE) <u>MO.</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>11 7 53 12 30</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR <u>Was sleeping between Parents</u>	

22. I hereby certify that I attended the deceased from about, 19 to 19, that I last saw the deceased alive on 19, and that death occurred at 12:30 AM from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Richard L. Palmer Coronr</u>		23b. ADDRESS <u>Lebanon, Mo.</u>		23c. DATE SIGNED <u>11-7-53</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>11/8/53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>White Oak Pond</u>	
				24d. LOCATION (City, town, or county) (State) <u>Laclede Co. Mo.</u>	

DATE REC'D BY LOCAL REG. <u>11-9-1953</u>		REGISTRAR'S SIGNATURE <u>Hella L. May</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Palmer Lebanon, Mo</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Received NOV 15 1953
Laclede County Health Unit
File No. 11-53-170
Date filed NOV 15 1953

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 Richard L. Palmer

Licensed Embalmer No. 4595

P. O. Address Lebanon, 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.