

FILED APR 28 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **12514**

BIRTH NO. _____		REG. DIST. NO. <u>170</u>		PRIMARY REG. DIST. NO. <u>3033</u>		Registrar's No. <u>69</u>	
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>Lebanon, Missouri</u>		c. LENGTH OF STAY (If in place) <u>1 Day</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Lebanon</u>		0 d 2 2 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>666 Lynn St. Lebanon,</u>				d. STREET ADDRESS (If rural, give location) <u>666 Lynn</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Alley</u>		b. (Middle) <u>Jane</u>		c. (Last) <u>Renner</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>April 15 1954</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, <u>2</u> WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <u>Nov 30, 1867</u>		9. AGE (In years (to birthday) (Months) (Days) (Hours) (Min.) <u>86</u>	IF UNDER 1 YEAR	IF UNDER 1 HR.
10a. USUAL OCCUPATION (Give kind of work done during usual working life, even if retired) <u>Homewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Domestic</u>		11. BIRTHPLACE (State or foreign country) <u>Laclede County Missouri</u>		12. CITIZEN OF WHAT COUNTRY. <u>USA.</u>	
13a. FATHER'S NAME <u>Moses Knight</u>		13b. MOTHER'S MAIDEN NAME <u>Octavia Jane Tyree</u>		14. NAME OF HUSBAND OR WIFE <u>Harrison Renner</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No.</u>		16. SOCIAL SECURITY NO. <u>None.</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mr. Leo Doty Lebanon, 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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial insufficiency</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.				INTERVAL BETWEEN ONSET AND DEATH <u>4 days</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>4222</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) _____		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 <u>1948</u> to <u>4-15, 1954</u> , that I last saw the deceased alive on <u>4-14, 1954</u> , and that death occurred at <u>8:00 A.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>W. C. Carrington M.D.</u>				23b. ADDRESS <u>Lebanon, Mo.</u>		23c. DATE SIGNED <u>4-16-54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>4-17-54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>White Oak Pond</u>		24d. LOCATION (City, town, or county) (State) <u>Laclede County Missouri</u>		
DATE REC'D BY LOCAL REG. <u>4-22-1954</u>		REGISTRAR'S SIGNATURE <u>Hella L. Way</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>L. P. Palmer Lebanon</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10.48

Received **APR 26 1954**
Laclede County Health Unit
File No. ~~APR 26 1954~~ 4-54-6
Date Filed **APR 26 1954**

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 *Stanley R. Palm*

Licensed Embalmer No. *4810*

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.